Rocky Mountain Medical Journal



The A.M.A. and The War



November 1950

Vol. 47—No. 11
25c Per Copy
$2.50 Per Year

UTAH PRESIDENTIAL ADDRESS AND HOUSE OF DELEGATES MINUTES
THROMBO-EMBOLIC DISEASE
STREPTOMYCIN IN OCULAR TB—LEIO-MYOMA OF TERMINAL ILEUM

THE JOHN CRERAR LIBRARY
NOV 18 1950
LIBRARY

Sig. —or "let it be marked" — indicates directions for the patient's use which are to be marked on the prescription package label.

Detailed literature on Lilly pharmaceuticals, although freely available to physicians, is not supplied to the laity. The physician, we believe, has the right to determine what medical information should be given to his patient.

Lilly

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U. S. A.

For Table of Contents, Turn the First Page

make estrogen therapy more economical with

Steri-Vials Theelin in Oil: vials of 10 cc., 1 mg. (10,000 International Units) per cc.

Steri-Vials Theelin Aqueous Suspension: vials of 10 cc., 2 mg. (20,000 International Units) per cc.

Theelin in Oil is also available in 1-cc. ampoules containing 0.2 mg., 0.5 mg., and 1 mg. Theelin per cc.; Theelin Aqueous Suspension in 1-cc. ampoules containing 1 mg., 2 mg., and 5 mg., and in 5-cc. Steri-Vials containing 2 mg. of Theelin per cc.

PARKE, DAVIS & COMPANY

THEELIN

AQUEOUS SUSPENSION

and

THEELIN

IN OIL

in STERI-VIALS®



When prolonged estrogenic therapy is required, as in the treatment of the menopausal syndrome, increased economy is achieved with STERI-VIALS THEELIN IN OIL and STERI-VIALS THEELIN AQUEOUS SUSPENSION. Steri-Vials are rubber-diaphragm-capped 10 cc. vials from which repeated doses can be withdrawn under sterile precautions. Further advantages result from the high potency and chemical purity of THEELIN.

It effectively relieves menopausal symptoms, is well tolerated, and confers a sense of well-being associated with naturally-occurring estrogens. Its availability as oily solution or watery suspension permits flexibility in administration and individualized therapy. THEELIN IN OIL is quickly absorbed and its therapeutic action is promptly manifested. Absorption of THEELIN AQUEOUS SUSPENSION is slower and more sustained.

MEDICAMENTA VERA

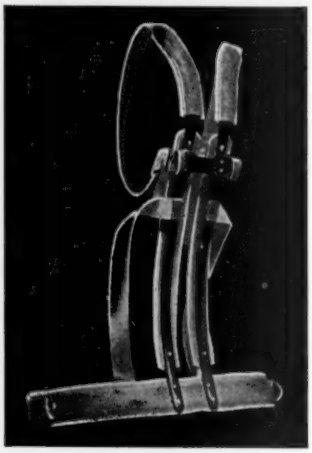
P & CO.



Relax while you work!

Your Christmas Gift, Doctor!

Kendrick-Bellamy
STATIONERY CO.
1641 California St., Denver KE. 0241



Geo. R. Thornton
Orthopedic Brace and Appliance Co.
1628 Court Place MAin 3026
Write for Measuring Chart

Table of Contents

VOLUME 47 NUMBER 11

NOVEMBER, 1950

Page

Editorials

American Freedom 825
Private Practice for Faculty Members..... 826
The Frustrations of Ewing..... 826
Correspondence 827

✦

Original Articles

The American Medical Association and the War, Ernest B. Howard, M.D..... 828
Presidential Address, Conrad H. Jenson, M.D. 833
A Rational Approach to the Problem of Thrombo-Embolic Disease, Wesley E. Peltzer, M.D. 837

✦

Case Reports

Leio-Myoma of the Terminal Ileum, Harold J. Schilling, M.D., Alfred J. Tanny, M.D., and Waldo W. Stiles, M.D..... 845
The Treatment of Ocular Tuberculosis With Streptomycin, John A. Egan, M.D... 846

✦

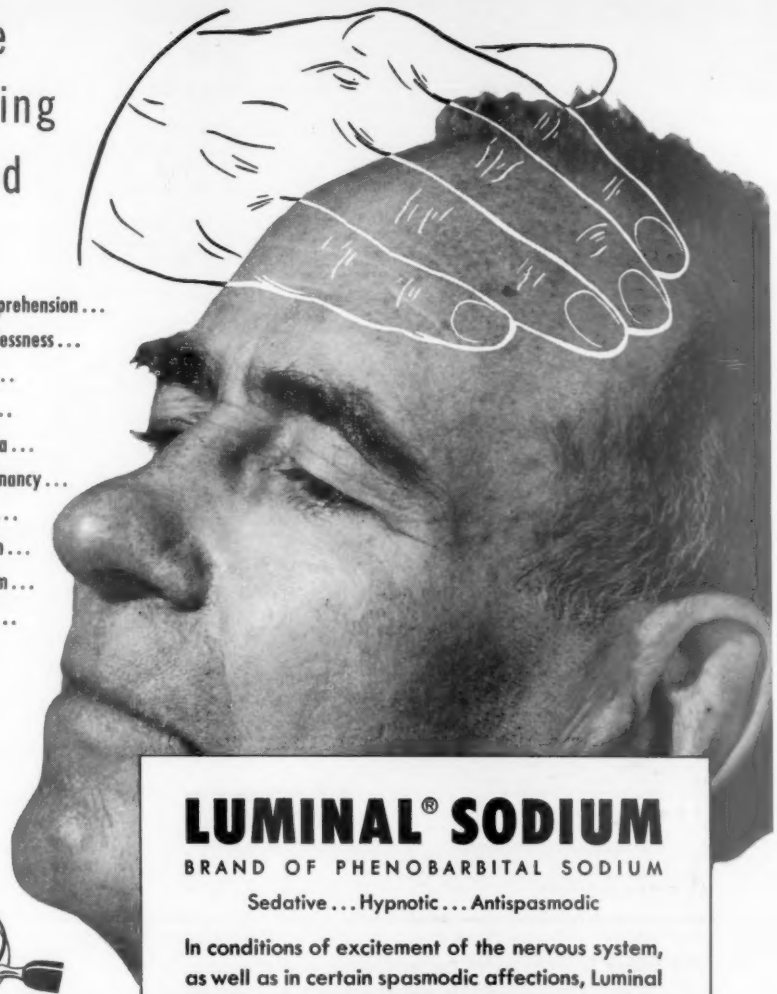
Organization

Colorado
Golf Tournament 850
Colorado State Board of Medical Examiners 850
Auxiliary 850
Colorado State Health Department..... 854

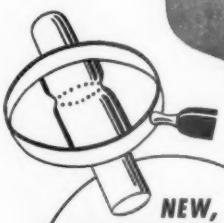
New Mexico
Obituaries 856

Utah
Minutes, Fifty-Sixth Annual Meeting, House of Delegates of the Utah State Medical Association 858
Obituary 890

the quieting hand



—in preoperative apprehension...
postoperative restlessness...
insomnia...
epilepsy...
dysmenorrhea...
vomiting of pregnancy...
eclampsia...
hypertension...
pyloric spasm...
neuroses...



NEW, EASILY OPENED SERRATED AMPUL

—Luminal Sodium Powder is available in a new, constricted-neck ampul—serrated for easy opening. Only moderate pressure is required to make the file cut.

LUMINAL® SODIUM

BRAND OF PHENOBARBITAL SODIUM

Sedative... Hypnotic... Antispasmodic

In conditions of excitement of the nervous system, as well as in certain spasmodic affections, Luminal Sodium acts as a soothing, quieting agent to tranquilize hyperexcitability or to curb convulsive paroxysms. Small doses have a pronounced sedative and antispasmodic action. Large doses are markedly hypnotic.

For oral use... tablets of 16 mg. (¼ grain), 32 mg. (½ grain) and 0.1 Gm. (1½ grains).

For parenteral use... solution in propylene glycol 0.32 Gm. (5 grains) in 2 cc. ampuls;

powder 0.13 and 0.32 Gm. (2 and 5 grains) in ampuls.

Winthrop-Stearns INC.
NEW YORK, N. Y. WINDSOR, ONT.

Luminal, trademark reg. U. S. & Canada

ROCKY MOUNTAIN MEDICAL JOURNAL

Title Registered, U. S. Patent Office

Publication Office:
835 Republic Building (1612 Tremont Place), Denver 2, Colorado
Telephone AComa 0547

EDITORIAL BOARD

Colorado: Douglas W. Macomber, M.D., Scientific Editor, 1820 Gilpin St., Denver; Lyman W. Mason, M.D., Associate Editor, 1214 Republic Bldg., Denver (Chairman of Editorial Board).
Montana: Raymond F. Peterson, M.D., Scientific Editor, Butte, Mont.; Herbert T. Caraway, M.D., Associate Editor, Billings, Mont.
New Mexico: Carl H. Gellenthien, M.D., Scientific Editor, Valmora, New Mexico; Harold L. January, M.D., Associate Editor, First National Bank Bldg., Albuquerque, New Mexico.
Utah: Richard P. Middleton, M.D., Scientific Editor, Boston Bldg., Salt Lake City; W. H. Tibbals, Associate Editor, 42 South Fifth East St., Salt Lake City.
Wyoming: Earl Whedon, M.D., Scientific Editor, Sheridan; Arthur R. Abbey, Associate Editor, P. O. Box 897, Cheyenne.

Managing Editor: Harvey T. Sethman, 835 Republic Bldg., Denver.
Business Manager: Helen Kearney, 835 Republic Bldg., Denver.

Ownership and Sponsorship: The Rocky Mountain Medical Journal is owned by the Colorado State Medical Society and is published monthly as a nonprofit enterprise for the mutual benefit of the organizations which jointly sponsor it. It is published under the direction of the Board of Trustees of the Colorado State Medical Society, assisted by an Editorial Board representing the sponsoring organizations. It is the Official Journal of the Colorado State Medical Society, the Montana State Medical Association, the New Mexico Medical Society, the Utah State Medical Association, the Wyoming State Medical Society, the Rocky Mountain Medical Conference, and the Colorado Hospital Association.

Manuscripts: Scientific Articles, Case Reports, etc., from any state for which this is the Official Journal should be submitted to the Scientific Editor for that state as named in the Editorial Board, above. Other material from any participating state should be submitted to the Associate Editor for that state as named above. Manuscripts from outside the Rocky Mountain area should be sent direct to the Journal office. Manuscripts must be typewritten, double or triple spaced, using only one side of each sheet. It is the policy of this Journal to omit bibliographies.

Advertising: National representatives: The Cooperative Medical Advertising Bureau, 535 North Dearborn Street, Chicago 10, Ill. Local advertising from firms in the Rocky Mountain area should be submitted to the Associate Editor of the appropriate state or to the Journal office. Advertising forms close on the 20th of the month preceding publication; allow ten days additional to insure submitting proofs for approval.

Subscription: $2.50 per year in advance, postpaid in the United States and its possessions; single copy, 25c plus postage. Subscription is included in medical society dues of sponsoring state medical organizations.

Copyright: This Journal is copyright, 1950, by the Colorado State Medical Society. Requests for permission to reproduce anything from the columns of this Journal should be addressed to the Journal office.

Second Class Matter: Entered as second class matter Jan. 22, 1906, at the Post Office at Denver, Colo., under the Act of Congress of March 3, 1879. Accepted for mailing at special rates of postage provided for in Section 1103, Act. of Oct. 3, 1917; authorized July 17, 1918.

The Fairhaven Maternity Hospital
Mrs. H. E. Lowther, *Superintendent*
Seclusion for the unwed mother. Write for descriptive booklet.
1349 JOSEPHINE DExter 1411 DENVER

Don't miss important telephone calls . . . . . .
Let us act as your secretary while you are away, day or night: our kindly voice conscientiously tends your telephone business, accurately reports to you when you return.
Telephone ANSWERING Service **CALL Alpine 1414**



Cambridge Dairy Grade "A" Milk Is Produced and Processed at 690 S. Colo. Blvd.
We do not handle Shipped-in Milk produced Where? How and by Whom? Doctors know the difference
Now Homogenized Vitamin D Milk is available for baby feeding and family use.
We Invite Your Inspection and Appreciate Your Recommendation.

In a ***critical evaluation***
of drugs for treating
urinary tract infections
it has been noted that:

SULAMYD®

(Sulfacetimide)



"combines the features of good antibacterial activity, low toxicity, and rapid renal elimination resulting in high urinary level. . . . Sulfacetimide . . . has the advantage of high solubility even in the physiological acid range of the urine, thereby minimizing almost to a negligible point the danger of concrement formation. . . ."[1] Because of its wide antibacterial range it may be preferable to penicillin and streptomycin.[2] It is well tolerated and remarkably free from side effects.[3]

DOSAGE: Therapeutic: 2 tablets t.i.d. for 10 days.
Prophylactic: 1 tablet t.i.d.

SULAMYD Tablets 0.5 Gm. in bottles of 100 and 1000 tablets.

1. Nesbit, R. M., and Glickman, S. I.: J. Michigan State M. Soc. *46*:664, 1947.
2. Dodson, A. I.: West Virginia M.J. *45*:1, 1949.
3. Seneca, H.; Henderson, E., and Harvey, M.: J. Urol. *61*:1105, 1949.

SCHERING

Schering **CORPORATION·BLOOMFIELD, NEW JERSEY**

THE COLORADO STATE MEDICAL SOCIETY

NEXT ANNUAL SESSION: SHIRLEY-SAVOY HOTEL, DENVER, SEPTEMBER 18, 19, 20, 21, 1951.

OFFICERS

Terms on Officers and Committees expire at the Annual Session in the year indicated. Where no year is indicated, the term is for one year only and expires at the 1951 Annual Session.

President: Ervin A. Hinds, Denver.

President-Elect: Harry C. Bryan, Colorado Springs.

Vice President: Samuel P. Newman, Denver.

Constitutional Secretary (three years): George R. Buck, Denver, 1951.

Treasurer (three years): George C. Shivers, Colorado Springs, 1953.

Additional Trustees (three years): Claude D. Bonham, Boulder, 1951, Cyrus W. Anderson, Denver, 1952; E. H. Munro, Grand Junction, 1952; M. L. Phelps, Denver, 1953.

(The above nine officers compose the Board of Trustees of which Dr. Samuel P. Newman is the 1950-1951 Chairman.)

Board of Councilors (three years): District No. 1: Clemens F. Eakins, Brush, 1951; No. 2: Ella A. Mead, Greeley, 1951; No. 3: Leonard G. Crosby, Denver, 1951 (Vice Chairman 1950-1951) No. 4. Ward C. Fenton, Rocky Ford, 1953; No. 5: Jesse W. White, Pueblo, 1953; No. 6: Herman W. Roth, Monte Vista, 1953; No. 7: Leo W. Lloyd, Durango, 1952 (Chairman 1950-1951); No. 8: Arch H. Gould, Grand Junction, 1952; No. 9: Marvel L. Crawford, Steamboat Springs, 1952.

Board of Supervisors (two years): Edgar A. Eliff, Sterling, 1951; Keith F. Krausnick, Lamar, 1951; Charles L. Mason, Durango, 1951; Ira L. Howell, Alamosa, Chairman, 1951; Howard H. Heuston, Boulder, Vice Chairman, 1951; George M. Myers, Pueblo, 1951; Sidney Reckler, Denver, Secretary, 1952; John L. McDonald, Colorado Springs, 1952; Franklin J. McDonald, Leadville, 1952; C. Rex Fuller, Salida, 1952; Lawrence L. Hick, Delta, 1952; John C. Straub, Jr., Flagler, 1952.

Delegates to American Medical Association (two years): William H. Halley, Denver, 1952; (Alternate: Kenneth C. Sawyer, Denver, 1952); George A. Unfug, Pueblo, 1951; (Alternate: Herman C. Graves, Grand Junction, 1951).

Foundation Advocate: Walter W. King, Denver.

House of Delegates: Speaker, Wiley Jones, Denver; Vice Speaker, Paul Hildebrand, Brush.

Executive Office Staff. Mr. Harvey T. Sethman, Executive Secretary; Miss Helen Kearney, Assistant Executive Secretary; Mr. Evan A. Edwards, Public Relations Director and Field Secretary, 835 Republic Building, Denver 2, Colorado. Telephone AComa 0547.

General Counsel: Mr. J. Peter Nordlund, Attorney-at-Law. Denver.

STANDING COMMITTEES

Arrangements: Wm. M. Covode, Denver, Chairman; others to be appointed.

Credentials: George R. Buck, Denver, Chairman; James M. Lamme, Sr., Walsenburg; C. H. Graf, Boulder; C. G. Freed, Denver; F. J. McDonald, Leadville.

Health Education (two years): J. D. Bartholomew, Boulder, Chairman, 1951; A. C. Sudan, Denver, 1951; R. J. Savage, Denver, 1951; H. M. Tupper, Grand Junction, 1951; J. A. Matson, Denver, 1951; Duane F. Hartshorn, Fort Collins, 1951; Miss Elizabeth Rauch, 1951; R. A. L. Swanson, Greeley, 1952; Charley J. Smyth, Denver, 1952; W. C. Service, Colorado Springs, 1952; Lewis Barbato, Denver, 1952; W. Lloyd Wright, Golden, 1952; Miss Norma Johannis, Denver, 1952.

Library and Medical Literature: Walter W. King, Denver, Chairman; Theodore E. Beyer, Denver; Vincent G. Cedarblade, Denver.

Medical Education and Hospitals: Cyrus W. Anderson, Denver, Chairman; Robert Liggett, Denver; Charley J. Smyth, Denver; Henry Swan, Denver; Everett H. Munro, Grand Junction; Robert C. Lewis, Denver; George F. Wolfgast, Denver; Kenneth C. Sawyer, Denver.

Medical Service Plans: James R. Blair, Denver, Chairman; Frederick H. Good, Denver; Thomas K. Mahan, Grand Junction; Henry A. Buchtel, Denver; Vernon L. Bolton, Colorado Springs; John Weaver, Jr., Greeley; William A. Liggett, Denver; Lester L. Ward, Pueblo; Jack D. Bartholomew, Boulder.

Medicolegal (two years): Rudolph W. Arndt, Denver, Chairman, 1952; Charles S. Bluemel, Denver, 1951; Lyman W. Mason, Denver, 1951; Atha Thomas, Denver, 1951; William W. Haggart, Denver, 1952; Edward J. Meister, Denver, 1952.

Necrology: Louis S. Faust, Denver, Chairman; Raymond C. Chatfield, Denver.

Public Policy: Irvin E. Hendryson, Denver, Chairman; Frank B. McGlone, Denver, Vice Chairman; William Lipscomb, Denver; Frederick H. Good, Denver; William B. Condon, Denver; Fred A. Humphrey, Fort Collins; Robert T. Porter, Greeley; Francis S. Adams, Pueblo; Robert J. Ralston, Holyoke; Gatewood C. Milligan, Englewood; James P. Rigg, Grand Junction; Arthur R. Gjellum, Del Norte; William A. Campbell, Colorado Springs; Ervin A. Hinds, Denver, President; Harry C. Bryan, Colorado Springs, President-Elect; George R. Buck, Denver, Constitutional Secretary.

Sub-Committee on Legislation: Rodney McDonald, Denver, Chairman.

Sub-Committee on Nurses' Education: John R. Evans, Denver, Chairman; Lumir R. Safarik, Denver; Frank B. McGlone, Denver; Lester L. Williams, Colorado Springs; Theodore E. Heins, Greeley; Geno Saccomano, Grand Junction; Samuel B. Potter, Pueblo; Walter Vest, Denver; Miss Mary C. Walker, Denver.

Sub-Committee on Weekly Health Column: Frank Campbell, Chairman, Denver; J. Lawrence Campbell, Denver; Edward L. Binkley, Denver; Howard Bramley, Denver; George H. Curfman, Jr., Denver; James S. Cullyford, Denver.

Sub-Committee on Monthly Health Article: Ray Scannell, Denver, Chairman; F. A. Humphrey, Fort Collins; H. J. Dodge, Denver; C. F. Kemper, Denver; Edgar Durbin, Denver; Mariana Gardner, Denver.

Scientific Work: Kenneth C. Sawyer, Denver, Chairman; Terry J. Gromer, Denver; William B. Condon, Denver; Darius W. Darwin, Englewood; James M. Perkins, Denver; E. Paul Sheridan, Denver; William C. Black, Denver; James H. Lyday, Denver.

PUBLIC HEALTH COMMITTEES

General Committee on Public Health: Consists of the chairmen of the following ten public health sub-committees, presided over by Bradford Murphey, Denver, as General Chairman.

Cancer Control: N. Paul Isbell, Denver, Chairman; Stanley K. Kurland, Denver; Robert K. Brown, Denver; Carl A. McLauthlin, Sr., Denver; C. L. Davis, DVM, Denver; Joseph H. Patterson, Denver; John B. Grow, Denver; Walter C. Herold, Colorado Springs; John G. Ryan, Denver; Sion W. Holley, Greeley; H. Mason Morfit, Denver; Mr. Hugh A. Terry, Denver.

Chronic Diseases: Robert W. Gordon, Denver, Chairman; Robert Vines, Denver; Constantine F. Kemper, Denver; Ward Darley, Denver; George Christie, Canon City; Thomas Stjerholm, Pueblo; George A. Unfug, Pueblo; Vincent G. Cedarblade, Denver; Abe Ravin, Denver; Lawrence L. Hick, Delta; Theodore E. Heinz, Greeley; Richard F. LaForce, Sterling; James Lewis, Colorado Springs; James D. Stewart, Fort Collins.

Industrial Health: James S. Cullyford, Denver, Chairman; Roscoe H. Ackerly, Pueblo; Arthur R. Woodburne, Denver; Thomas M. Van Bergen, Denver; Robert Woodruff, Denver; Robert Bell, Denver; Joseph J. Parker, Grand Junction; Mr. E. W. Jacoe, Denver; Ligon Price, Hayden; Mr. Sherman Pinto, Denver; Mr. Ray McBrian, Denver; Mr. Frank Church, Denver.

Maternal and Child Health: Jackson L. Sadler, Fort Collins, Chairman; John H. Amesse, Denver; E. Stewart Taylor, Denver; Freeman H. Longwell, Denver; Edgar W. Barber, Denver; C. H. Dowding, Jr., Denver; James S. Orr, Fruita.

Mental Hygiene: Bradford Murphey, Denver, Chairman; Frank H. Zimmerman, Pueblo; Ewald W. Busse, Denver; Lewis C. Overholt, Denver; Clyde E. Stanfield, Denver; Mr. F. J. Johns, Denver.

Rehabilitation and Crippled Children: Edward L. Binkley, Denver, Chairman; Marshall G. Nims, Denver; William W. Haggart, Denver; Richard H. Mellen, Colorado Springs; William A. Dorsey, Denver; Sidney E. Blandford, Jr., Denver; John C. Long, Denver; Charles G. Freed, Denver; Kenneth W. Schmidt, Denver; Harry C. Hughes, Denver; Robert F. Hall, Grand Junction; Mr. Walter Lougue, Denver; Mr. Dorsey Richardson, Denver; Mrs. Albert Solomon, Denver.

Rural Health and Health Councils: Monroe R. Tyler, Chairman, Denver; Robert M. Lee, Fort Collins; Valentin E. Wohlauer, Akron; James S. Cullyford, Denver; H. A. Sauberli, Denver; Kenneth E. Prescott, Grand Junction; John Straub, Jr., Flagler; Harlan McClure, Lamar; Clement F. Knobbe, Monte Vista; H. J. Dodge, Denver; Miss Helen Prout, Fort Collins; Mr. Lee R. Pritchard, Denver.

Sanitation: Bernard T. Daniels, Denver, Chairman; H. J. Dodge, Denver; Alexis E. Lubchenco, Denver; Stephen L. Kallay, Lakewood; Robert Barnard, Aspen; John J. Button, Durango; Edward N. Chapman, Colorado Springs; Thurman M. Rogers, Sterling; Carl W. Swartz, Pueblo; Mr. J. C. King, Sterling; Mr. Ezra Alishouse, Akron; Mr. William Gahr, Denver; Mr. Robert Cameron, Denver; Mrs. J. W. Penfold, Denver; Miss Ann B. Kennon, Denver.

Tuberculosis Control: John I. Zarit, Denver, Chairman; Willy J. Hinzelman, Greeley; W. Kemp Absher, Pueblo; Lawrence W. Holden, Boulder; Leroy Elrick, Denver; Harold Van der Schouw, Wheatridge; Joseph E. Cannon, Denver; Robert S. Liggett, Denver; Mr. Jack Foster, Denver.

Venereal Disease Control: Sam W. Downing, Denver, Chairman; William M. Covode, Denver; John V. Ambler, Denver; James S. Cullyford, Denver; John R. Hartwell, Colorado Springs; Frederick G. Tice, Jr., Pueblo; J. E. McDowell, Denver; Daniel G. Monaghan, Jr., Denver.

SPECIAL COMMITTEES

Advisory Committee to Woman's Auxiliary: Wiley Jones, Chairman, Denver; I. E. Hendryson, Denver; M. L. Phelps, Denver.

Advisory to U.M.W. Welfare Fund: Fred Good, Denver, Chairman, 1951; W. W. Haggart, Denver, 1951; J. S. Bouslog, Denver, 1951; Ligon Price, Hayden, 1952; J. M. Lamme, Sr., Walsenburg, 1952; Robert Bell, Denver, 1953; F. H. Hartshorn, Denver, 1953; D. W. McCarty, Longmont; M. F. Smith, Trinidad, 1951; E. B. Ley, Pueblo.

Committee on A.M.A. Educational Campaign: Wiley Jones, Denver, Chairman; Sidney Reckler, Denver, Vice Chairman; J. S. Bouslog, Denver; George A. Unfug, Pueblo; I. E. Hendryson, Denver.

Delegate to Colorado Interprofessional Council (five years): L. E. Safarik, Denver, 1954; (Alternate, J. R. Evans, Denver, 1954).

Medical Disaster Commission: Foster Matchett, Chairman, Denver; O. S. Philpott, Denver, Vice Chairman; Karl F. Arndt, Denver, Secretary; S. M. Reckler, Denver; H. C. Hughes, Denver; Robert Woodruff, Denver; Karl Sunderland, Denver; Henry Swan, Denver; R. E. Glehm, Denver; Mordant Peck, Denver; M. F. Vanden Bosch, Denver; T. P. Sears, Fort Logan; M. E. Johnson, Denver; H. I. Goldman, Denver; Mark S. Donovan, Denver; Rodney McDonald, Denver; M. B. Pedigo, Denver; W. S. Curtis, Denver; K. D. A. Allen, Denver; K. E. Gloss, Colorado Springs.

Military Affairs Committee: Robert S. Liggett, Denver, Chairman; Calvin N. Caldwell, Pueblo; Ward C. Fenton, Rocky Ford; Leo W. Lloyd, Durango; Frank I. Nicks, Colorado Springs; Claude D. Bonham, Boulder; Harvey M. Tupper, Grand Junction.

Representative to Rocky Mountain Radio Council: I. E. Hendryson, Denver.

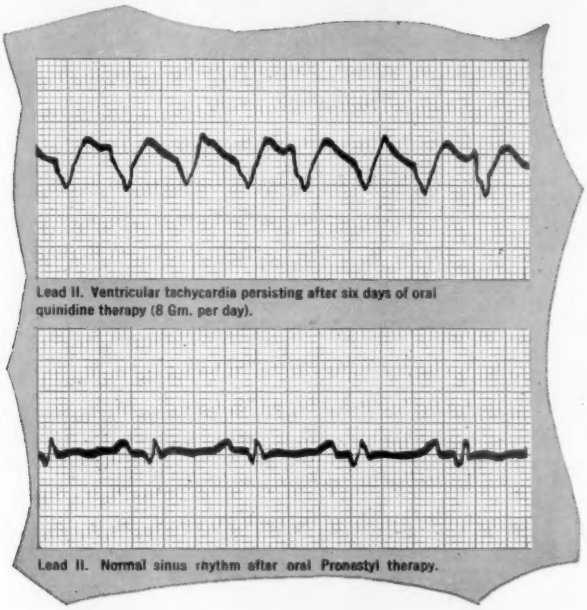
Representatives to Adult Education Council: Cyrus W. Anderson and William E. Hay, both of Denver.

Rocky Mountain Medical Conference: G. P. Lingenfelter, Denver, Chairman, 1952; D. W. Macomber, Denver, 1954; L. Clark Hepp, Denver, 1953; Ward Darley, Denver, 1951; Terry J. Gromer, Denver, 1955.

a new drug . . .
for the treatment of ventricular arrhythmias

PRONESTYL *Hydrochloride*

Squibb Procaine Amide Hydrochloride



Lead II. Ventricular tachycardia persisting after six days of oral quinidine therapy (8 Gm. per day).

Lead II. Normal sinus rhythm after oral Pronestyl therapy.

Oral administration of Pronestyl in doses of 3-6 grams per day, for periods of time varying from 2 days to 3 months, produced no toxic effects as evidenced by studies of blood count, urine, liver function, blood pressure, and electrocardiogram. Pronestyl may be given intravenously with relative safety.

PRONESTYL IS A TRADEMARK OF E. R. SQUIBB & SONS

Pronestyl Hydrochloride Capsules, 0.25 Gm., bottles of 100 and 1000.
Pronestyl Hydrochloride Solution, 100 mg. per cc., 10 cc. vials.

For detailed information on dosage and administration, write for literature or ask your Squibb Professional Service Representative.

SQUIBB MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

MONTANA STATE MEDICAL ASSOCIATION

NEXT ANNUAL SESSION: GREAT FALLS, SEPTEMBER 13, 14, 15, 16, 1951.

OFFICERS, 1950-1951

Terms of Officers and Committees expire at the Annual Session in the year indicated. Where no year is indicated, the term is for one year only and expires at 1951 Annual Session.

President: Clyde H. Frederickson, Missoula.
President Elect: Frank L. McPhail, Great Falls.
Vice President: James M. Flinn, Helena.
Secretary-Treasurer: Herbert T. Caraway, Billings.
Executive Secretary: Mr. L. R. Hegland, 240 Stapleton Building, Billings, Montana.
Delegate to American Medical Association: Raymond F. Peterson, Butte; Alternate, Thomas L. Hawkins, Helena.

STANDING COMMITTEES

Executive Committee: Clyde H. Frederickson, Missoula, Chairman; Herbert T. Caraway, Billings; James J. Flinn, Helena; Thomas L. Hawkins, Helena; Frank L. McPhail, Great Falls; Thomas F. Walker, Great Falls.

Economic Committee: Maurice A. Shillington, Chairman, Glendive; William E. Harris, Livingston; William E. Long, Anaconda; D. S. MacKenzie, Jr., Havre; George G. Sale, Missoula; James C. Shields, Butte.

Legislative Committee: I. J. Bridenstine, Chairman, Missoula; James M. Flinn, Helena; Otto G. Klein, Helena; Tom B. Moore, Kalispell; Robert M. Morgan, Helena; Stuart D. Whetstone, Cut Bank.

Necrology and History of Medicine Committee: Leonard W. Brewer, Chairman, Missoula; Albert A. Dodge, Kalispell; Melville G. Danskin, Glendive; Edward M. Gans, Harlowton; John P. Ritchey, Missoula; James I. Wernham, Billings.

Public Relations Committee: Leland G. Russell, Chairman, Billings; Albert W. Axley, Havre; Charles P. Brooke, St. Ignatius; Paul J. Gans, Lewistown; Raymond F. Peterson, Butte.

Legal Affairs and Malpractice Committee: Louis W. Allard, Chairman, Billings; John H. Bridenbaugh, Billings; Harold W. Gregg, Butte; Patrick E. Logan, Great Falls; Theodore R. Vye, Billings.

Program Committee: John J. Malee, Chairman, Anaconda; R. Lawrence Casebeer, Butte; John E. Hynes, Billings; John A. Layne, Great Falls; Stephen N. Preston, Missoula.

Interprofessional Relations Committee: Louis W. Allard, Chairman, Billings; Jerome Andes, Bozeman; Raymond E. Benson, Billings; James M. Flinn, Helena; William E. Harris, Missoula.

Nominating Committee: Raymond G. Johnson, Chairman, Harlowton; David T. Berg, Helena; Neil M. Leitch, Kalispell; George W. Setzer, Malta; Theodore R. Vye, Billings.

Auditing Committee: Paul L. Eneboe, Chairman, Bozeman; Robert D. Knapp, Wolf Point; William P. Smith, Columbus; Park W. Willis, Jr., Hamilton; G. B. Wright, Kalispell.

Cancer Committee: William F. Cashmore, Chairman, Helena; Raymond E. Benson, Billings; Walter B. Cox, Missoula; Deane C. Epler, Bozeman; William W. McLaughlin, Great Falls; Philip D. Pallister, Boulder; William C. Robinson, Shelby.

Maternal and Child Welfare Committee: Earl L. Hall, Chairman, Great Falls.

Subcommittee on Obstetrics: Robert E. Mattison, Chairman, Billings; Leonard A. Barrow, Billings; Harry A. Campbell, Missoula; Charles W. Pemberton, Butte; Arnold E. Ritt, Great Falls.

Subcommittee on Pediatrics: Orville M. Moore, Chairman, Helena; George H. Barmeyer, Missoula; Roger W. Clapp, Butte; Frank J. Friden, Great Falls; Donald L. Gillespie, Butte.

Tuberculosis Committee: Harry V. Gibson, Chairman, Great Falls; Morris A. Gold, Butte; Chester W. Lawson, Havre; John M. Nelson, Missoula; Raymond E. Smalley, Billings.

Fracture and Orthopedic Committee: Walter H. Hagen, Chairman, Billings; L. Clayton Allard, Billings; John K. Colman, Butte; Charles F. Honeycutt, Missoula; Alexander C. Johnson, Great Falls; John C. Wolgamot, Great Falls.

Rural Health Committee: B. C. Farrand, Chairman, Jordan; David Gregory, Glasgow; Robert S. Hamilton, Choteau; Havre A. Stanchfield, Dillon; Walter G. Tanglin, Polson.

Industrial Welfare Committee: R. B. Richardson, Chairman, Great Falls; Donald A. Atkins, Butte; Richard E. Brogan, Billings; Paul J. Seifert, Libby; Frank L. Unmack, Deer Lodge.

Rheumatic Fever and Heart Committee: Ferdinand R. Schemm, Chairman, Great Falls; Raymond L. Eck, Lewistown; Donald L. Gillespie, Butte; John S. Gilson, Great Falls; Harold W. Gregg, Butte; Elizabeth Grimm, Billings; Orville M. Moore, Helena; Thomas F. Walker, Jr., Great Falls; Richard D. Weber, Missoula.

Rocky Mountain Medical Conference Committee: John E. Hynes, Billings, '51; Frank K. Waniata, Great Falls, '52; Harold W. Gregg, Butte, '53; Herbert T. Caraway, Billings, '54; Halward M. Blegan, Missoula, '55.

Public Health Committee: Frank L. McPhail, Chairman, Great Falls; Louis W. Allard, Billings; M. O. Burns, Kalispell; William F. Cashmore, Helena; B. C. Farrand, Jordan; Harry V. Gibson, Great Falls; Walter H. Hagen, Billings; E. L. Hall, Great Falls; Thomas L. Hawkins, Helena; Eugene Hildebrand, Great Falls; Amos R. Little, Helena; R. B. Richardson, Great Falls; Ferdinand R. Schemm, Great Falls; Philip A. Smith, Glasgow; Albert L. Vadheim, Jr., Bozeman; Winfield S. Wilder, Great Falls.

Mediation Committee: Frederic S. Marks, Billings, '51, Chairman; Ezmer P. Higgins, Kalispell, '51; James J. McCabe, Helena, '51; William F. Morrison, Missoula, '52; Chester W. Lawson, Havre, '52; James G. Sawyer, Butte, '52; Charles F. Little, Great Falls, '53; William E. Long, Anaconda, '53; Stuart A. Olson, Glendive, '53.

SPECIAL COMMITTEES

Emergency Medical Service Committee: Amos R. Little, Chairman, Helena; Richard R. Chapple, Billings; Theodore W. Cooney, Helena; Paul L. Eneboe, Bozeman; George G. Sale, Missoula; George E. Trobough, Anaconda.

Industrial Accident Board Committee: Thomas L. Hawkins, Chairman, Helena; David J. Almas, Havre; Charles B. Craft, Bozeman; Edward L. Gallivan, Helena; Herbert H. James, Butte.

Hospital Relations Committee: Eugene Hildebrand, Chairman, Great Falls; Robert B. Beans, Great Falls; Walter B. Cox, Missoula; Edward W. Gibbs, Billings; Robert S. Leighton, Great Falls; William W. McLaughlin, Great Falls; Mary E. Martin, Billings; Raymond F. Peterson, Butte; Grant P. Raitt, Billings.

Mental Hygiene Committee: Winfield S. Wilder, Chairman, Great Falls; James J. Bulger, Great Falls; Roger W. Clapp, Butte; J. E. Kress, Missoula; Martin A. Ruona, Billings; Maurice A. Shillington, Glendive.

Collection

of your

Accounts

All reports show a trend toward slower and harder collections in the months ahead.

At the first sign of neglect you will save money if they are turned over to us for collection.

Comparison of collection results, backed by 35 years of experience, proves you obtain greater results at less cost, when you list your accounts

with

The American Medical and Dental Association

2106 Broadway **TAbor 2331** **Denver, Colorado**

The high percentage of dextrins

DOES make a difference!

'DEXIN'®

brand

HIGH DEXTRIN CARBOHYDRATE

AN UNUSUAL MILK-MODIFYING CARBOHYDRATE WHICH REDUCES INFANT FEEDING DISCOMFORT

because: Seventy-five percent of 'Dexin' is dextrins which are not fermented by the usual intestinal bacteria.

- The small proportion of maltose present is readily assimilated before fermentation can occur.
- Low fermentability permits high carbohydrate intake with minimal formation of intestinal gas.

'Dexin' is supplied in tins of 12 oz. and 3 lbs.

6 level-packed tablespoonfuls of 'DEXIN' = 1 oz. = 115 calories



BURROUGHS WELLCOME & CO. (U.S.A.) INC. TUCKAHOE 7, NEW YORK

NEW MEXICO MEDICAL SOCIETY

NEXT ANNUAL SESSION: LA FONDA HOTEL, SANTA FE, MAY 3, 4, 5, 1951

OFFICERS—1950-51

President: I. J. Marshall, Roswell.
President-Elect: Leland S. Evans, Las Cruces.
Vice President: Coy S. Stone, Hobbs.
Secretary-Treasurer: Lucien G. Rice, Jr., Albuquerque.
Executive Secretary: Mr. Ralph R. Marshall, Albuquerque.

Councilors (2 years): Carl Mulky, Albuquerque; J. C. Sedgwick, Las Cruces. (2 years): W. D. Dabbs, Clovis; A. C. Shuler, Carlsbad. (1 year): A. S. Lathrop, Santa Fe; C. H. Gellenthien, Valmora (3 years).
Delegate to A.M.A.: John F. Conway, Clovis, 1951.
Alternate Delegate to A.M.A.: C. H. Gellenthien, Valmora, 1951.

COMMITTEES—1950-1951

Basic Science Board: V. E. Berchtold, M.D., Santa Fe, Chairman; W. E. Nimen, M.D., Albuquerque; Walter A. Stark, M.D., Las Vegas.

Board of Supervisors: Two Years: C. Pardue Bunch, M.D., Artesia, Chairman; H. L. January, M.D., Albuquerque, Secretary; V. E. Berchtold, M.D., Santa Fe; John F. Conway, M.D., Clovis. One Year: W. E. Badger, M.D., Hobbs; L. J. Whitaker, M.D., Deming; H. M. Mortimer, M.D., Las Vegas; Frank W. Parker, M.D., Gallup.

Cancer: Murray M. Friedman, M.D., Santa Fe, Chairman; W. N. Worthington, M.D., Roswell; J. R. Van Atta, M.D., Albuquerque; J. W. Grossman, M.D., Albuquerque; C. L. Womack, M.D., Carlsbad.

Diabetic: Benjamin Barsune, M.D., Eunice, Chairman; John C. Mitchell, M.D., Silver City; Roy R. Robertson, M.D., Albuquerque.

Advisory Committee on Insurance Compensation: L. M. Overton, M.D., Albuquerque, Chairman; R. E. Forbis, M.D., Albuquerque; Edward Parnall, M.D., Albuquerque.

Indigent-Medical Care Committee: W. O. Connor, M.D., Albuquerque, Chairman; I. L. Neavy, M.D., Santa Fe; James L. McCrory, M.D., Santa Fe.

National Emergency Medical Service: Anthony E. Reymont, M.D., Santa Fe, Chairman; Loren F. Blaney, M.D., Los Alamos; Harry O. Whipple, M.D., Los Alamos; Albert Maisel, M.D., Albuquerque; C. H. Douthirt, M.D., Santa Fe.

Legislative and Public Policy: A. S. Lathrop, M.D., Santa Fe, Chairman; J. W. Hannett, M.D., Albuquerque; C. B. Elliott, M.D., Raton; John F. Cotnam, M.D., Clovis; J. A. Evans, M.D., Las Vegas; G. S. Morrison, M.D., Roswell; R. A. Watts, M.D., Silver City; Ashley Pond, M.D., Taos; C. F. Kettel, M.D., Gallup; W. L. Minear, M.D., Hot Springs; Leland S. Evans, M.D., Las Cruces; W. M. Thaxton, M.D., Tucumcari; Robert E. Carter, M.D., Los Alamos; W. O. Connor, Jr., M.D., Albuquerque; Coy S Stone, M.D., Hobbs; A. C. Shuler, M.D., Carlsbad; W. J. Hossley, M.D., Deming.

Public Relations: Earl L. Malone, M.D., Roswell, Chairman; H. W. Gillett, M.D., Lovington; C. M. Thompson, M.D., Albuquerque; E. P. Hausner, M.D., Santa Fe; C. P. Bunch, M.D., Artesia.

Rural Medical Service: Stuart W. Adler, M.D., Albuquerque, Chairman; D. T. Wier, M.D., Belen; Robert J. Saul, M.D., Mountainair; James W. Wiggins, M.D., Albuquerque; J. P. Turner, M.D., Carrizozo.

Infancy and Maternal Care: S. M. Gonzales, M.D., Santa Fe, Chairman; A. R. Clauser, M.D., Albuquerque; D. C. Badger, M.D., Hobbs; George W. Prothro, M.D., Clovis; Marion Hotopp, M.D., Santa Fe; M. K. Wylder, M.D., Albuquerque.

Venereal Disease Control: Sam J. Jelso, M.D., Albuquerque, Chairman; C. H. Douthirt, M.D., Santa Fe; L. M. Miles, M.D., Albuquerque; Vincent Accardi, M.D., Gallup; F. C. Bohannon, M.D., Carlsbad.

Tuberculosis: Carl H. Gellenthien, M.D., Valmora, Chairman; William H. Thearle, M.D., Albuquerque; Carl Mulky, M.D., Albuquerque; H. C. Jernigan, M.D., Albuquerque; H. S. A. Alexander, M.D., Santa Fe.

Woman's Auxiliary Advisory: Carl Mulky, M.D., Albuquerque, Chairman; Philip Travers, M.D., Santa Fe; Roy R. Robertson, M.D., Albuquerque.

Rocky Mountain Medical Conference: Carl H. Gellenthien, M.D., Valmora, Chairman; Carl Mulky, M.D., Albuquerque; V. K. Adams, M.D., Raton; T. B. Hoover, M.D., Tucumcari; W. A. Stark, M.D., Las Vegas.

Oculist Prescription Service Exclusively

SHADFORD-FLETCHER OPTICAL CO.

Dispensing Opticians

228 16th Street, Denver, Colo. AComa 2611

3705 East Colfax (Medical Center Building). FLorida 0202



Our dairy farm is the largest producer of Grade "A" milk in the Rocky Mountain Empire.

Phone EAst 7707

CITY PARK FARM DAIRY

Cherry Creek Dr. Denver



FAIRFAX SANITARIUM

Kirkland, Wash.

Situated one mile north of Juanita

TREATING NERVOUS AND MENTAL DISEASES

Beautiful and restful surroundings affording recreational facilities. Cottage plan for segregation of patients. Insulin and Electro-shock Therapy when indicated.

Attending Physicians
FREDERICK LEMERE, M.D.
NATHAN K. RICKLES, M.D.
JAMES H. LASATER, M.D.
MORTON E. BASSAN, M.D.
JACK J. KLEIN, M.D.

Manager: A. G. HUGHES
Route 2, Box 365, Kirkland
Phone: Kirkland 2391

SIMPLE TEST PROVES *INSTANTLY*
PHILIP MORRIS ARE LESS IRRITATING

*Now you can confirm for yourself, Doctor, the results of the published studies**

HERE IS ALL YOU DO:

1 . . . light up a PHILIP MORRIS

Take a puff – DON'T INHALE. Just s-l-o-w-l-y let the smoke come through your nose. AND NOW

2 . . . light up your present brand

DON'T INHALE. Just take a puff and s-l-o-w-l-y let the smoke come through your nose. Notice that bite, that sting? Quite a difference from PHILIP MORRIS!



With proof so conclusive . . . with your own *personal experience* added to the published studies* . . . would it not be good practice to suggest PHILIP MORRIS to your patients who smoke?



PHILIP MORRIS

Philip Morris & Co., Ltd., Inc., 100 Park Avenue, New York 17, N. Y.

**Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245; N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592; Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60*

THE UTAH STATE MEDICAL ASSOCIATION

NEXT ANNUAL SESSION, SALT LAKE CITY, SEPTEMBER 13, 14, 15, 1951.

OFFICERS, 1950-1951

President: V. P. White, Salt Lake City, Utah.
President-Elect: L. W. Oaks, Provo, Utah.
Past President: Conrad H. Jensen, Ogden, Utah.
Honorary President: F. H. Raley, Salt Lake City, Utah.
First Vice President: K. B. Castleton, Salt Lake City, Utah.
Second Vice President: C. C. Randall, Logan, Utah.
Third Vice President: H. C. Stranquist, Ogden, Utah.
Secretary: T. C. Weggeland, Salt Lake City, Utah.
Executive Secretary: Mr. W. H. Tibbals, Salt Lake City, Utah.
Treasurer: L. J. Paul, Salt Lake City, Utah.
Councilor, First District: R. O. Porter, Logan, Utah.
Councilor, Second District: Vincent L. Rees, Salt Lake City, Utah.
Councilor, Third District: J. Russell Smith, Provo, Utah.
Delegate to A.M.A., 1950 and 1951: George M. Fister, Ogden, Utah.
Alternate Delegate to A.M.A., 1950 and 1951: J. J. Weight, Provo, Utah.

Editor of the Utah Section of the Rocky Mountain Medical Journal: R. P. Middleton, Salt Lake City, Utah.

Board of Supervisors: 1951, Ezra Cragun, Logan; 1952, Paul K. Edmonds, Cedar City; 1953, Earl L. Skidmore, Salt Lake City; 1954, J. C. Hubbard, Price; 1955, J. G. Olson, Ogden.

STANDING COMMITTEES

Rocky Mountain Medical Conference Continuing Committee: 1950, K. B. Castleton, Chairman, Salt Lake City; 1951, Clark Rich, Ogden; 1952, Noall Z. Tanner, Layton; 1953, T. R. Seager, Vernal; 1954, R. P. Middleton, Salt Lake City.

Scientific Program Committee: T. C. Weggeland, Chairman, Salt Lake City; Vincent L. Rees, Salt Lake City.

Public Policy and Legislation Committee: 1950, N. F. Hicken, Chairman, Salt Lake City; 1950, Omar Budge, Logan; 1950, George A. Allen, Salt Lake City; 1951, F. R. King, Price; 1951, R. V. Larson, Roosevelt; 1951, W. B. West, Ogden; 1952, Chas. Ruggeri, Salt Lake City; 1952, J. C. Hubbard, Price; 1952, Wilford G. Biesinger, Springville.

Medical Defense Committee: 1950, Homer Smith, Salt Lake City; 1950, L. N. Ormann, Chairman, Salt Lake City; 1950, Edwin D. Zeman, Ogden; 1951, Charles W. Woodruff, Salt Lake City; 1951, James Westwood, Provo; 1951, L. H. Merrill, Hiawatha; 1952, E. L. Hanson, Logan; 1952, Reed Farnsworth, Cedar City; 1952, H. A. Dewey, Richfield.

Medical Education and Hospitals Committee: 1950, G. G. Richards, Chairman, Salt Lake City; 1950, Ray T. Woolsey, Salt Lake City; 1950, T. E. Robinson, Salt Lake City; 1951, John Bowen, Provo; 1951, George H. Curtis, Salt Lake City; 1951, R. O. Porter, Logan; 1952, Ralph Ellis, Ogden; 1952, Philip Price, Salt Lake City; 1952, W. H. Anderson, Ogden.

Medical Economics Committee: 1950, W. T. Ward, Salt Lake City; 1951, W. R. Merrill, Brigham City; 1951, Ralph Pendleton, Chairman, Salt Lake City; 1952, Grant F. Kearns, Ogden; 1952, Preston Hughes, Spanish Fork.

Public Health Committee: 1950, F. D. Spencer, Salt Lake City; 1951, R. N. Hirst, Ogden; 1952, Seth E. Smoot, Provo; 1952, James Z. Davis, Chairman, Salt Lake City.

Military Affairs and National Emergency Committee: Charles Woodruff, Chairman, Salt Lake City; L. J. Paul, Salt Lake City; Mazel Skofield, Salt Lake City; W. M. Gorishek, Standardville; L. K. Cullimore, Orem; Ray H. Barton, Magna; D. T. Madsen, Price; Riley G. Clark, Provo; Willis Hayward, Logan; Leo Benson, Ogden.

Tuberculosis and Cardiovascular Diseases Committee: Elmer M. Kirkpatrick, Chairman, Salt Lake City; Ray Rumel, Salt Lake City; W. C. Walker, Salt Lake City; Donald M. Moore, Ogden; Don C. Merrill, Provo; D. O. N. Lindberg (Associate Member), Ogden.

Cancer Committee: James P. Kerby, Salt Lake City; E. A. Lawrence, Salt Lake City; J. Elmer Nelson, Chairman, Salt Lake City; E. D. Zeman, Ogden; James Westwood, Provo; W. J. Reichman, St. George; J. Clare Hayward, Logan; R. V. Larsen, Roosevelt; T. R. Gledhill, Richfield; Quinn A. Whiting, Price.

Fracture Committee: A. M. Okelberry, Chairman, Salt Lake City; Boyd G. Holbrook, Salt Lake City; Louis Peery, Ogden; Paul A. Pemberton, Salt Lake City.

Necrology Committee: E. B. Muir, Chairman, Salt Lake City; A. S. Crandall, Salt Lake City.

Industrial Health Committee: Frank J. Winget, Chairman, Salt Lake City; Byron W. Daynes, Salt Lake City; Wayne Alred, Orem; W. F. Loomis, Ogden; Sherman Brinton, Salt Lake City.

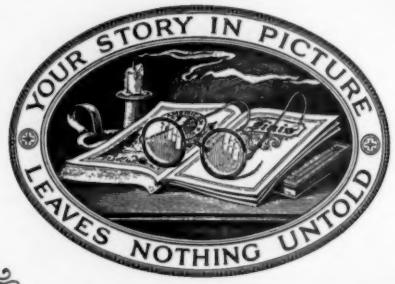
Advisory Committee to the Woman's Auxiliary: Silas S. Smith, Chairman, Salt Lake City; A. A. Imus, Ogden; J. E. Smith, Provo.

Public Relations Committee: Ray T. Woolsey, Chairman, Salt Lake City; L. V. Broadbent, Cedar City; Geo. H. Lowe, Jr., Ogden; O. P. Heninger, Provo; R. N. Malouf, Richfield; Ray E. Spendlove, Vernal; Paul Burgess, Hyrum; J. Leroy Kimball, Salt Lake City.

Mental Health Committee: E. L. Welmers, Provo; Wm. D. O'Gorman, Ogden; L. G. Moench, Salt Lake City; Roy A. Darke, Chairman, Salt Lake City.

Rural Health Committee: J. J. Weight, Chairman, Provo; Joseph Tanner, Layton; T. R. Aldous, Tooele; Harold E. Young, Midvale; J. H. Rasmussen, Brigham City.

Professional and Hospital Relationships Committee: James P. Kerby, Chairman, Salt Lake City; V. P. White, Salt Lake City; R. P. Middleton, Salt Lake City; Leland R. Cowan, Salt Lake City; V. L. Ward, Ogden; J. Russell Smith, Provo; Hugh O. Brown, Salt Lake City.



When it is impossible to take your product to the customer, or have him come to your establishment, you will find it both impressive and profitable to show your product by picture.

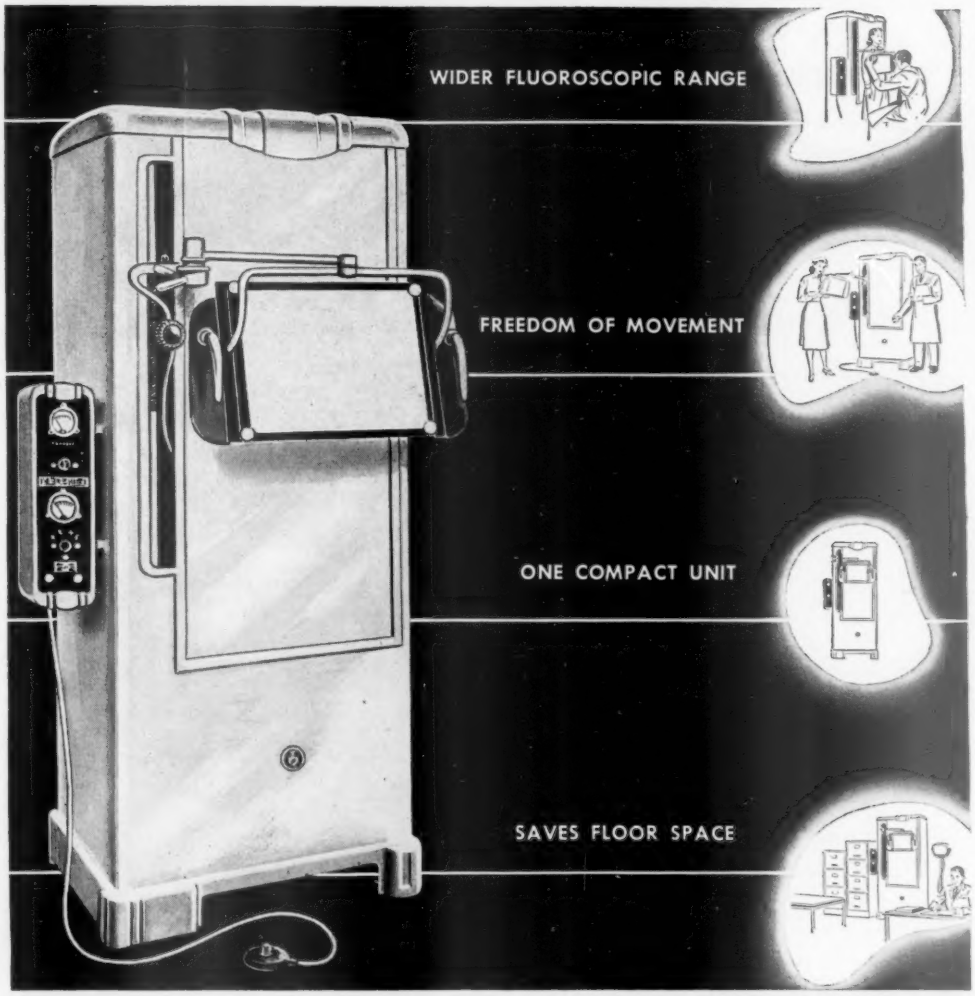
Ehret Engraving Co.
2131 CURTIS ST. DENVER 2, COLORADO. Ta 2701
LINE ETCHINGS — HALFTONES — COLOR PLATES

PROFESSIONAL MEN RECOMMEND
Professional PHARMACY, INC.
D. MALCOLM CAREY, Pharmacist
Phone AComa 3711
224 Sixteenth Street Denver, Colo.

Better Flowers at Reasonable Prices
"Orders Delivered to Any City by Guaranteed Service"
Special attention given to floral tributes
Also Hospital Flowers
Call KEystone 5106
Park Floral Co. Store
1643 Broadway Denver, Colo.

what are you looking for in fluoroscopic equipment?

CHECK THE KELEKET K-30!



. List your requirements for the perfect vertical fluoroscope . . . then check against the KELEKET K-30. Point by point, you'll find everything you want. Added to all the operating conveniences and construction features is traditional KELEKET quality, assuring many years of more-than-satisfactory, trouble-free operation.

Telephone or write for complete details.

TECHNICAL EQUIPMENT CORPORATION

2548 West Twenty-Ninth Avenue Denver 11, Colorado

Telephone: GLendale 4768

THE WYOMING STATE MEDICAL SOCIETY

OFFICERS

President: Karl E. Krueger, Rock Springs.

President-Elect: Paul R. Holtz, Lander.

Vice President: E. J. Guilfoyle, Newcastle.

Secretary: G. W. Koford, Cheyenne.

Treasurer: Peter M. Schunk, Sheridan.

Executive Secretary: Mr. Arthur R. Abbey, Cheyenne.

Delegate to A.M.A.: Roscoe H. Reeve, Casper.

Alternate Delegate to A.M.A.: B. J. Sullivan, Laramie.

COMMITTEES

Rocky Mountain Medical Conference: Earl Whedon, Chairman, Sheridan; George H. Phelps, Cheyenne; H. L. Harvey, Casper; C. W. Jeffrey, Rawlins; L. W. Storey, Laramie.

Syphilis Committee: L. H. Wilmoth, Chairman, Lander; F. H. Haigler, Casper; N. E. Morad, Casper; C. L. Rogers, Sheridan; Benjamin Gitlitz, Thermopolis.

Cancer Committee: John Gramlich, Chairman, Cheyenne; M. C. Henrich, Casper; Thomas B. Croft, Lovell; J. R. Newnam, Cheyenne; Franklin Yoder, Cheyenne.

Medical Economics Committee: C. L. Rogers, Chairman, Sheridan; Nels A. Vicklund, Thermopolis; H. L. Harvey, Casper; J. S. Hellewell, Evanston; H. E. Stuckenhoff, Casper.

Fracture Committee and Industrial Health: Gordon Whiston, Chairman, Casper; W. K. Mylar, Cheyenne; DeWitt Dominick, Cody; E. C. Pelton, Laramie; Lowell D. Kattenhorn, Powell; J. E. Hoadley, Gillette; Philip Teal, Cheyenne.

Advisory Committee to Selective Service on Procurement and Assignment of Physicians: Sam S. Zuckerman, Chairman, Cheyenne; Roscoe H. Reeve, Casper; E. W. DeKay, Laramie.

Elected: Medical Defense Committee: DeWitt Dominick, Chairman, Cody; W. A. Bunten, Cheyenne; E. W. DeKay, Laramie.

Councillors: E. W. DeKay, Chairman, Laramie; Earl Whedon, Sheridan; George Baker, Casper; DeWitt Dominick, Cody; George H. Phelps, Cheyenne; Kral Krueger, President, Rock Springs; Glenn W. Koford, Secretary, Cheyenne.

Advisory to Woman's Auxiliary: Thomas B. Croft, Chairman, Lovell; John R. Bunch, Laramie; W. A. Bunten, Cheyenne; J. Cedric Jones, Cody.

Veterans Affairs and Military Service Committee: G. W. Koford, Chairman, Cheyenne; Jack Rowlett, Laramie; L. B. Morgan, Torrington; R. C. Stratton, Green River; Bernard Sullivan, Laramie; James Sampson, Sheridan; G. M. Knapp, Casper; A. J. Allegretti, Cheyenne; DeWitt Dominick, Cody; E. J. Guilfoyle, Newcastle; George H. Phelps, Cheyenne.

Blue Cross Hospital Committee: Russell Williams, Chairman, 1954, Cheyenne; E. W. DeKay, 1951, Laramie; J. Cedric Jones, 1952, Cody; J. W. Sampson, 1953, Sheridan.

Public Policy and Legislation: George H. Phelps, Chairman, Cheyenne; George Baker, Casper; W. A. Bunten, Cheyenne; E. W. DeKay, Laramie; L. H. Wilmoth, Lander; G. W. Koford, Cheyenne; Paul Holtz, Lander; R. H. Reeve, Casper.

Poliomyelitis Committee: L. Cohen, Chairman, Cheyenne; E. W. Gardner, Douglas; E. C. Ridgway, Cody; Franklin Yoder, Cheyenne; Bernard Stack, Thermopolis; Philip Teal, Cheyenne; G. O. Beach, Casper; B. J. Sullivan, Laramie.

State Institutions Advisory: R. H. Kanable, Chairman, Basin; George H. Phelps, Cheyenne; Franklin Yoder, Cheyenne; George R. James, Casper; C. D. Anton, Sheridan; J. S. Hellewell, Evanston.

Necrology Committee: Earl Whedon, Chairman, Sheridan; D. G. MacLeod, Jackson; Franklin Yoder, Cheyenne.

Public Health Department—Liaison Committee: E. C. Ridgway, Chairman, Cody; R. P. Fitzgerald, Casper; J. W. Sampson, Sheridan; R. C. Stratton, Green River; O. K. Scott, Casper; E. G. Johnson, Douglas.

Rural Health Committee: Paul Holtz, Chairman, Lander; William K. Rosene, Wheatland; Andrew Bunten, Cheyenne; G. M. Knapp, Casper; R. N. Bridenbaugh, Powell.

Child Health Committee: O. K. Scott, Chairman, Casper; Paul Emerson, Cheyenne; L. Cohen, Cheyenne; J. T. Murphy, Casper; E. C. Ridgway, Cody; David M. Flett, Cheyenne; Arthur R. Abbey, Cheyenne.

Council on National Emergency Medical Service: George H. Phelps, Chairman, Cheyenne; R. H. Reeve, Casper; E. W. DeKay, Laramie; P. M. Schunk, Sheridan; Paul R. Holtz, Lander; Albert T. Sudman, Green River.

Judicial and Advisory Committee: District No. 1, J. D. Shingle, Chairman, Cheyenne; District No. 7, George Baker, Casper; District No. 1, George H. Phelps, Cheyenne; District No. 1, R. I. Williams, Cheyenne; District No. 2, C. W. Jeffrey, Rawlins; District No. 3, J. S. Hellewell, Evanston; District No. 4, P. M. Schunk, Sheridan; District No. 5, J. Cedric Jones, Cody; District No. 6, E. J. Guilfoyle, Newcastle.

COLORADO HOSPITAL ASSOCIATION

OFFICERS

President: James P. Dixon, Denver General Hospital, Denver.
President-Elect: Helen Pixley, Park View Episcopal Hospital, Pueblo.
Vice President: Sr. M. Johanna, Sacred Heart Hospital, Lamar.
Treasurer: M. A. Moritz, Denver General Hospital, Denver.
Executive Secretary: R. A. Pontow, Colorado General Hospital, Denver.
Trustees: Louis Liswood, National Jewish Hospital, Denver (1950); DeMoss Taliaferro, Children's Hospital, Denver (1950); Roy R. Anderson, Presbyterian Hospital, Denver (1950); Rev. Allen H. Erb, Mennonite Hospital and Sanitarium, La Junta (1951); Roy R. Prangley, St. Luke's Hospital, Denver (1952); Hubert W. Hughes, General-Rose Memorial Hospital, Denver (1952).

Delegate to American Hospital Association: Msgr. John R. Mulroy, Catholic Hospitals, Denver.

Alternate: Herbert A. Black, M.D., Parkview Hospital, Pueblo.

STANDING COMMITTEES

Auditing: R. W. Pontow, Chairman (1949), Colorado General Hospital, Denver; Rev. E. J. Friedrich (1950), Lutheran Sanatorium, Wheatridge; Karl Mortensen (1951), St. Luke's Hospital, Denver.

Constitution and Rules: Samuel S. Golden, M.D., Chairman, Beth Israel Hospital, Denver; Henry H. Hill, Weld County Hospital, Greeley; Sister M. Johanna, Sacred Heart Hospital, Lamar.

Legislative: Msgr. John R. Mulroy, Chairman, Catholic Hospitals, Denver; DeMoss Taliaferro, Children's Hospital, Denver; Carl Ph. Schwalb, Denver; Herbert A. Black, M.D., Parkview Hospital, Pueblo.

Membership: Sister M. Alphonsus, Chairman, Mercy Hospital, Denver; Roy R. Prangley, St. Luke's Hospital, Denver.

Resolutions: Walter G. Christie, Chairman, Presbyterian Hospital, Denver; Carl Ph. Schwalb, Denver.

Nominating: Msgr. John R. Mulroy, Chairman (1949), Catholic Hospitals, Denver; Herbert A. Black, M.D. (1950), Parkview Hospital, Pueblo; C. S. Bluemel, M.D. (1951), Mount Airy Sanatorium, Denver.

Program: George A. W. Currie, M.D., Chairman, University of Colorado Medical Center, Denver; Roy Anderson, Presbyterian Hospital, Denver.

Nursing: DeMoss Taliaferro, Chairman, Children's Hospital, Denver; Sister M. Hugolina, St. Anthony Hospital, Denver; Margaret E. Paetznick, Director of Nurses, Denver General Hospital, Denver; Sister Maria Gratia, R.N., Glockner Sanatorium, Colorado Springs; S. Russ Denzler, M.D., Colorado Hospital, Canon City.

Public Education: Owen B. Stubben, Chairman, Denver General Hospital, Denver; Mr. Torgensen, Longmont Hospital and Clinic, Longmont; Ward Darley, M.D., Director, University of Colorado Medical Center, Denver; Chas. Levine, J.C.R.S., Spivak.

SPECIAL COMMITTEES

Public Relations: James P. Dixon, M.D., Chairman, Denver General Hospital, Denver; Sister Mary Lina, St. Francis Hospital, Colorado Springs.

Rates and Charges: Roy Anderson, Chairman, Presbyterian Hospital, Denver; Msgr. John R. Mulroy, Catholic Hospitals, Denver; Roy R. Prangley, St. Luke's Hospital, Denver; Walter G. Christie, Presbyterian Hospital, Denver; DeMoss Taliaferro, Children's Hospital, Denver; Ben M. Blumberg, General Rose Memorial Hospital, Denver.

State Board of Health Advisory: Msgr. John R. Mulroy, Chairman, Catholic Hospitals, Denver; DeMoss Taliaferro, Children's Hospital, Denver; Herbert A. Black, M.D., Parkview Hospital, Pueblo.

Committee on Hospital Licensing Regulations and Standards: Msgr. John R. Mulroy, Chairman, Catholic Hospitals, Denver; Roy R. Prangley, St. Luke's Hospital, Denver; Owen B. Stubben, Denver General Hospital, Denver; DeMoss Taliaferro, Children's Hospital, Denver; Roy Anderson, Presbyterian Hospital, Denver.

Premature Infant Care: DeMoss Taliaferro, Chairman, Children's Hospital, Denver; Roy Anderson, Presbyterian Hospital, Denver.

Rehabilitation Center: James P. Dixon, M.D., Denver General Hospital, Denver; Msgr. John R. Mulroy, Catholic Hospitals, Denver; Louis M. Liswood, National Jewish Hospital, Denver.

Inter-Professional Council: Hubert W. Hughes, St. Anthony Hospital, Denver.

Accuracy and Speed in Prescription Service

DORR OPTICAL COMPANY

421 16th Street Denver, Colorado KEystone 5511

HABIT TIME OF BOWEL MOVEMENT





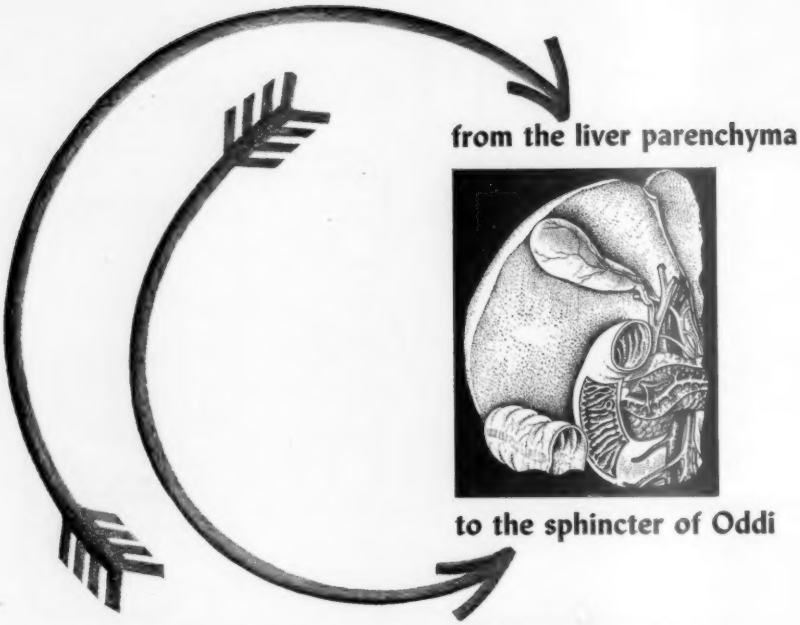
SAFE . . .

PETROGALAR,® given at bedtime—not with meals—has no adverse effect on absorption of nutritive elements. It provides a relatively small but highly effective dose of mineral oil augmented by a bland, hydrophilic colloid base. The result is a soft-formed, easily passed stool, permitting comfortable bowel movement.

If preferred, PETROGALAR may be given thinned with water, milk, or fruit juices—with which it mixes readily.

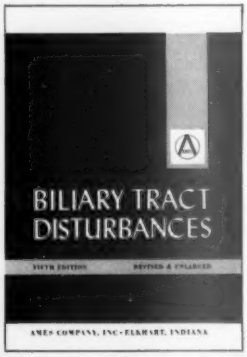
Wyeth®

Wyeth Incorporated, Phila. 3, Pa.



The area surveyed in the Fifth Edition of "Biliary Tract Disturbances," now available, is the entire, ramified biliary tree—its anatomic and physiologic background and the diagnosis and therapy of its disorders.

Physicians and surgeons acquainted with previous editions of this monograph will find the newly revised, enlarged and illustrated edition even more practical. The brochure concisely presents basic concepts of biliary tract disease, and reviews recent progress in the management of biliary disorders with hydrocholeretics and other measures. You may receive your copy on request from the Medical Department, Ames Company, Inc., Elkhart, Indiana.



AMES

AMES COMPANY, INC.
ELKHART, INDIANA

Decholin

brand of dehydrocholic acid

3¾ gr. tablets in bottles of 25, 100, 500, 1000 and 5000.
Decholin Sodium (brand of sodium dehydrocholate)
3 cc., 5 cc. and 10 cc. ampuls in boxes of 3 and 20.
Decholin and *Decholin Sodium*, Trademarks Reg. U.S. and Canada



there is no age limit for nasal congestion

. . . nor is there any age
when welcome relief is not safely obtained
with Inhaler 'Forthane'
(Methylhexamine, Lilly).
Suffering from nasal congestion
or risking annoying side-effects
from a drug has often been the case.
Since the advent of 'Forthane,'
effective relief is normally afforded
without:

- Psychic disturbances, including addiction
- Rise in blood pressure
- Cardiac irregularities
- Overconstriction followed by secondary congestion and increasing need for relief

For protection as well as relief,
physicians are suggesting
that their patients keep
Inhalers 'Forthane' on hand.

Lilly



Detailed information and literature
on INHALER 'FORTHANE' are supplied
through your M.S.R.*

*M.S.R.—Lilly Medical SERVICE Representative



A 19" x 12" reproduction of this illustration by Joseph Feher is available upon request.

drugs from ocean depths

Dimmed light, oozing mud, and crushing pressures surround fantastic plants and creatures in Davy Jones's laboratory. Here, after millions of years, countless layers of sediment weigh heavily upon decomposed material. That which was once aquatic life is thus transformed into coal or oil. From these crude materials, many synthetics of pharmaceutical chemistry—germicides, sedatives, antihistaminics, and decongestants—emerge from the Lilly Research Laboratories.

Lilly

ELI LILLY AND COMPANY
INDIANAPOLIS 6
INDIANA, U.S.A.

Rocky Mountain Medical Journal
Colorado
Montana
New Mexico
Utah
Wyoming
NOVEMBER
1950

Editorial

American Freedom

ONE of the high lights of the Eightieth Annual Session of the Colorado Medical Society in Colorado Springs was a talk by Dr. Ralph J. Gampell, formerly of Manchester, England. He has left his native land and is now established in California where he awaits American citizenship. The impact of government controlled medicine drove him from England. Medical practice had become so intolerable that he relinquished friends, relatives, and his homeland in search of freedom. Dr. Gampell is a distinguished speaker who conveys his messages effectively. He is not without good humor, and yet he is typically English.

Churchill was at the summit of political power when his party went out and in November, 1946, an Act of Parliament instituted the National Service Health Act. Then, as we would say in America, "Wha' hoppen!" The Labor Party went to the people with a fantastic bill of goods to nationalize the chief industries and, supposedly, to assure complete security from cradle to grave. Strikes came; it seemed as though everybody was asking, "What's in it for me?" The doctors rejected their plan, but for different reasons—it wasn't best for the people. However, in July, 1948, 90 per cent of the doctors signed up for it. Previously under the old panel system doctors bought their practices. But in November, 1946, the government said, in a way, we will buy your practice; you may come in to it and survive or stay out and go bankrupt. The government told every citizen he was in! Americans would call that kind of a deal a shotgun marriage. People were told, as before the election, if you want a doctor, just phone; if you want to go to his office, go ahead; it's "free!" And for this the doctor is assured of about $2.40 per patient per year, gross. Out of this he has to pay taxes and expenses of practice. He is responsinble for as many as 4,000 patients, sees 60 to 90 per day—a patient every three minutes. Soon the average doctor finds that the most important thing is to get the patient a bottle of medicine, to fill out forms, or to send the occasional really sick patient to the hospital for specialist care. Elective problems wait from one and one-half to three years for admission.

We could carry on, as before in these editorials, with figures and statistics, but let us sum it up by saying that no nation can afford ill health. England now gets care which is about one-third or one-fifth rate, and look at the cost. The country has overspent two or three times the estimated cost and out of every $9.00 of cost, $8.00 has come out of general taxation. And whose money is it? It is the money of the citizen who was told that the care of his health would be "free." It isn't funny, says our English colleague, unless you are several thousand miles away from it. Fortunate is the one who can find a haven of freedom in America. Let us never lose it.

Dr. Gampell's talk was re-broadcast the next evening, but still we wonder if the right people heard it. In one sense, it was wasted at the banquet, for every doctor and every doctor's wife is aware of our fight to remain free. We are all aware of the fact that we must register and we must vote. The truth as told by our own eminent speakers must reach the ears of millions of other voters. The greatest campaign of its sort ever waged will take place next month, emanating from the A.M.A. We will see what it can do and we will note the reaction which it brings.

Private Practice for Faculty Members

DELEGATES to the annual meeting of the Colorado State Medical Society have approved a set of principles under which salaried physicians of the Medical School will be permitted to accept a limited amount of private practice. The opinion came from intensive Reference Committee hearings and considerable deliberation, both official and unofficial. Director Ward Darley stated that salaried professors should accept only patients referred to them by colleagues in private practice. Off-campus offices and private hospitals would be used for this added activity of "full-time" faculty members. Dr. Darley further stated that salaries would be properly adjusted, enabling the Medical School to save enough to help increase the incomes of pre-clinical faculty members. Regents and the Medical School Administration, plus an Advisory Committee composed of private practitioners and clinical and pre-clinical faculty members, are to work out details of procedure.

A majority of regional doctors are directly or indirectly interested in the affairs of our Medical Schools. We realize that the full-time faculties are underpaid compared with the average incomes of men of comparable quality and educational attainment in private practice. Furthermore, western schools have lost desirable faculty members to the schools in other parts of the country whose salaries are much higher. Apparently it would be a long time, if ever, before state legislators in this section of the United States would grant our schools sufficient funds to raise the salaries to a level of fair competition with remote institutions. Some other answer had to be devised to keep Colorado's Medical School in the place which it deserves.

It is our hope that the new privilege of faculty members will not lead to regrets. There will probably be incidents of loss of good faculty members to private practice. Some will have used their positions as stepping stones from institutional to private life, graced and blessed with the prestige and dignity accompanying professorial rank in leading state institutions. The social and financial benefits during a period of transition would be inestimable. However, we are confident that worthy faculty members will now have added incentive to profit in many ways by contact with private patients and with their colleagues in private practice. We look to them to stay with the Medical School and to increase its renown through research and writing. Their good work must be passed on to the students who will comprise the next generation of doctors after the rest of us are through. We believe that the advantages of the new plan will far exceed any disadvantages and that a new era of good feeling between the Medical School and the men in private practice will be engendered.

❧ ❧ ❧

The Frustrations of Ewing

SOME statistics in the Secretary's Letter from the A.M.A., October 2, are worth repeating. They are more amusing than frightening, and they are aggravating—if one is easily annoyed by tin whistles. As George Lull said, Oscar Ewing's speech recently delivered before the American Federation of Labor reflects the frustrations of a frightened politician. Mr. Ewing has admitted that he has had more than forty ghost writers on his payroll. These employees are in addition to the hosts of others waging his battle to socialize medicine. He has continually attacked the A.M.A. and its educational campaign.

Conspicious attributee of Mr. Ewing are his disregard for the truth and his inconsistency. It has not been long since he smeared the doctors for being asleep and not taking part in public affairs. Now he is after us for being too active and for fighting (effectively) the schemes of the present administration to socialize medicine and then the entire economy of our country.

Correspondence

October 7, 1950.

To The Editor:

In reference to the British compulsory medical plan there is one very significant and sinister factor which seems to have been entirely overlooked in this country.

As you know, the present British Government is subservient to the Trade Union Congress, which, in turn, is dominated by the Left Wing. This Left Wing is fanatically determined to destroy the British Middle Class and compulsory medicine is a very effective factor in that campaign.

Doctors and dentists are a very typical and fairly well organized Middle Class group and destruction of that group would be a very effective blow at the whole class. To compel all doctors and dentists to become indirectly either employees of, or dependent upon, government favor will destroy the group's effectiveness as a part of the Middle Class. That is why the compulsory plan was made to include everyone, so that those doctors who would not agree to work under the plan will not have sufficient patients to give them a decent practice.

Since everyone must pay for the service (that is, everyone who pays taxes, and those who pay taxes would otherwise be the patients of the independent doctors) the most of them will naturally accept the benefits of the plan; the exceptional ones who pay for the plan under compulsion but insist on outside medical service, will not be sufficient to support any considerable medical profession. My observation on my recent trip to England was that the doctors who are unwilling to go under the plan face retirement or migration to the colonies in three to six years. Those British Left Wingers are as relentless as the Communists, but have more brains.

I thought you might be interested in this observation.

Sincerely,

A. L. VOGL.

The author of the above letter is a widely-known Denver attorney who recently spent considerable time observing conditions in England. —Ed.

October 10, 1950.

To the Editor:

My attention has been called to an editorial in the Rocky Mountain Medical Journal for July, 1950, entitled "Let's Find Out Where the A.P.H.A. Stands."

I welcome this opportunity to tell you about the status of the report of the A.P.H.A. Subcommittee on Medical Care called "The Quality of Medical Care in a National Health Program."

This report in question is a draft of a document published in the July, 1949, issue of the American Journal of Public Health and since reprinted in order to promote wide reading and discussion. As indicated in the footnote, it is published for the purpose of discussion and to secure comments by interested readers. This report has not been officially approved by the American Public Health Association.

This association as a matter of policy encourages its committees and subcommittees to study problems in their field with diligence and directs that the conclusions that they reach, especially those in controversial fields, should be published for ample discussion.

The report in question on "The Quality of Medical Care" has been in circulation for fifteen months, has been widely reprinted and has been called to the attention of everyone with a conceivable interest in the field. The response from readers has been voluminous and it has been recorded and faithfully circularized to members of the subcommittee which has these comments under advisement and presumably will revise its draft for formal consideration by the Committee on Administrative Practice and the Governing Council of the Association.

The American Public Health Association believes that it is sound policy in the American tradition to allow free speech when important issues of this kind are presented. It encourages those who approve and those who disapprove to record their opinions, all of which will have thoughtful consideration. The association believes that this is the essence of democracy and has an enduring confidence in the outcome of this method. It does not impose on its committees any censorship of an ideological or political nature.

It will be appreciated if you will make the position of the association with reference to this proposed report known to the readers of the Rocky Mountain Medical Journal.

Very sincerely yours,

REGINALD M. ATWATER, M.D.,

Executive Secretary, American Public Health Assn., 1790 Broadway, N. Y. C.

Original Articles

THE AMERICAN MEDICAL ASSOCIATION AND THE WAR*

ERNEST B. HOWARD, M.D.
CHICAGO

I am going to discuss a variety of subjects with you, each one rather briefly, in the form of a newscast from Chicago.

Medical Officer Procurement

What is the situation with respect to the armed forces; their needs for medical officers; the call-up of reserve officers by the armed forces? The operation of the new Doctor Draft Bill?

During the war many individuals were trained at government expense by the Army in the ASTP and by the Navy in the V-12 programs. Approximately 20,000 men were trained in the ASTP. Of these 20,000 12,500 entered on active duty. One thousand were discharged for physical or other reasons. Six thousand five hundred remained who did not serve on active duty; but of these 6,500 ASTP's only 4,500 completed medical school. Of these 4,500 it is estimated that approximately 1,500 will probably not be available due to physical or other disqualifying factors. That leaves 3,000 ASTP's who have never served on active duty and who were trained at government expense.

The V-12 picture is somewhat similar: 11,176 individuals were trained at government expense in the V-12 program. Of these, 5,872 have served more than two years in the Navy. Five thousand three hundred four, the remainder, have not served. Of this group 1,429 are in the Reserve Corps of the Navy, which leaves 3,875, of whom 1,262 did not complete their studies, leaving a total of 2,613 V-12's other than the 1,429 in the Reserves, who are available.

To sum up these figures, there are 3,000 ASTP physicians and 4,142 V-12 physicians without any military service, a total of 7,142. It is interesting to note that of the 3,000 ASTP's only 38 accepted Army Reserve commissions, while in the Navy 1,429 out of 5,304 joined.

How many physicians do the armed forces need? The American Medical Association, through its Council on National Emergency Medical Service, has for the last two years been in close contact with the three branches of the armed forces. The Council has made a careful study of estimated needs as presented by the three Surgeons General. They have made specific recommendations to achieve the most economic possible utilization of physicians in the armed forces. It is no secret that during World War II many physicians' efforts and talents were wasted because of poor assignments and other reasons with which I think all of us are familiar. Through the efforts of the Council on National Emergency Medical Service, a civilian medical advisory committee was appointed to the Secretary of Defense, the so-called Cooper Committee. Subsequently an Office of Medical Services, with a civilian director, Dr. Richard Meiling of Coulmbus, Ohio, was established. With these two developments, the appointment of the Cooper Civilian Medical Advisory Committee, and the establishment of the Office of Medical Services, significant steps have been taken during the last year and a half in utilizing medical manpower now available to the armed forces in the most efficient way. The three military services deserve credit, too, for many changes they have made since World War II which, had they been in effect at that time, would have resulted in important economies.

The National Security Resources Board

*Presented at the 80th Annual Session, Colorado State Medical Society, Friday, September 22, 1950, Colorado Springs. The author is Assistant Secretary, American Medical Association.

also enters this picture. It has very broad powers. It is only advisory to the President at the present time, although there is a possibility that it may become operational as well as advisory. Its chief function is to plan for the efficient utilization and distribution of manpower and all other resources of the nation in time of mobilization. Again the American Medical Association recommended and achieved the establishment of a medical advisory committee of civilians at the highest level of the National Security Resources Board. Dr. Howard Rusk is the chairman of this committee and also serves as special assistant to Mr. Symington, the chairman of the NSRB. On this committee are several physicians, two of whom, Dr. James C. Sargent and Dr. Harold Diehl, are members of the American Medical Association's Council on National Emergency Medical Service. A part of the functions of this committee and of the NSRB will be to review the requests for medical officers that the armed forces will make during the next year.

On July 1, 1950, the armed forces had 6,226 medical officers on active duty. On the basis of a three-million-man army, there will have to be roughly 13,500 total M.D.'s by next June, or 7,300 more physicians than are now on duty, which is approximately the number of ASTP's and V-12's without service who are now available.

What is the present status of Medical Reserve Officers? There are about 30,000 physicians who, after the last war, entered the Reserve Corps, 15,000 in the Navy and 15,000 in the Army. Recently the Army began to call up Medical Reserve Officers and its first quota was 734. That quota was allocated among the Army areas. Subsequently, however, when it became evident to the armed forces that a sufficient number of physicians would become available through the operation of the doctor-draft law to provide for their needs, a new memorandum was published, signed by Defense Secretary Johnson, which has taken the heat off the Reserve Officers. Very few of the 30,000 Reserve Officers who are not assigned to organized units or do not have special skills that are particularly scarce and badly needed, will be called up.

The Johnson memorandum sets up the following priorities in the call-up of Reserve Medical Officers:

"First Priority: Medical reserve officers who were V-12 or ASTP participants, and who have had no prior military service as commissioned medical or dental officers. It is desired that substantially all this group of officers be called before calls are made to the individuals in the second priority."

"Second Priority: Medical reserve officers who were V-12 or ASTP participants, and who have had prior military service. These individuals will be classified by numbers of months of previous active duty, and will be called in inverse order of the number of months of previous active duty they have to their credit. It is desired that substantially all of this group of officers be called before calls are made to the individuals in the third priority."

"Third Priority: All other reserve officers.

"Exceptions may be made to the above priorities in the case of medical reserve officers who have not yet completed twelve full months of medical internship."

"Additionally, in special cases, where a military department can show a military need for the services of a particular individual or group of individuals with special qualifications whose prior service might otherwise tend to warrant their delay in call-up under the policy enunciated above, exceptions may be made so as to authorize their recall to duty, **but then only after obtaining the approval of the Director of Medical Services."**

I can assure you that every effort will be made from this point on out by the military establishment to call up reserve officers in an equitable manner so that those who have served the least time and those who have received training at government expense will be called up first.

Public Law 779 (the doctor-draft law) authorizes the President to register all physicians in the nation up to the age of 50 except those who are now in the reserve corps. Reserve officers will not have to register under this bill.

Four categories are established for the call-up of physicians under the act. Priority No. 1, which is somewhat similar to

the priority system for reserve officers established by the armed forces, includes:

"Those persons who participated as students in the Army specialized training program or similar programs administered by the Navy, and those persons who were deferred from service during World War II for the purpose of pursuing a course of instruction leading to education in one of the categories."

No one knows how many individuals were deferred by the local draft boards for the purpose of pursuing medical education at their own expense, and we will not know until this registration has been completed. All of these men will be inducted first if they have had less than ninety days of active military duty following the completion of medical training.

The Second Priority is the same group of ASTP and V-12 men, or those deferred who paid their own way, but who have had more than 90 days and less than 21 months of military duty.

The Third Priority includes those physicians who did not have active service in the Army, the Air Force, the Navy, the Marine Corps, the Coast Guard, or the Public Health Service at any time subsequent to September 16, 1940. An ASTP graduate who served more than 21 months on active duty will be called **after** this group of physicians.

In Priority No. 4 come all ASTP's and V-12's who have served more than 21 months, and all other physicians who served on active duty. They will be called in inverse order of their length of time on active duty.

This bill provides for the deferment by the Selective Service System of sufficient "numbers of optometry students and premedical, preosteopathic, preveterinary, preoptometry and predental students at least equal to the numbers of male optometry, premedical, preosteopathic, preveterinary, preoptometry and predental students in attendance at colleges and universities in the United States at the present levels, as determined by the Director."

The bill establishes a National Advisory Committee, which is the statutory authority for what will become today's "Procurement and Assignment" system and which will be operated somewhat in the same manner as it was in World War II. The wording of this bill is not clear and no one knows at the present moment exactly how it will operate. We hope it will operate with at least the same efficiency as Procurement and Assignment did in World War II, although we all know there were definite deficiencies. The Howard Rusk Committee has been named as the National Advisory Committee. It will have an advisory relationship to Selective Service and will establish state and local P and A committees across the nation. It is urgent that the state and local medical societies immediately establish P and A committees to serve in much the same manner as they did in World War II. The detailed program under which they will operate will soon be spelled out by the Rusk National Advisory Committee.

One more comment about the draft bill: Congress provided for a $100 additional monthly stipend for all medical officers except those who are drafted.

No one expects, of course, that a single physician will be drafted. Any physician who is called up through the operation of the Selective Service System will enter the Army, Navy, or Air Force as a private. Subsequently he may attempt to get a commission, but he will enter as a private if he is inducted through the operation of the bill. It is expected that those physicians who are in priorities 1 and 2, and who have been so notified and selected by the P and A committee, will immediately apply for a commission in the reserve corps. After they have been accepted by the armed forces component in which they wish to serve and have been given a commission, their call-up will depend upon the military.

Civil Defense

The next important problem that I would like to discuss with you is the problem of civil defense. The Council on National Emergency Medical Service of the AMA is conducting a series of regional conferences in Boston, Washington, Chicago, San

Francisco and Atlanta to discuss medical officer procurement and civil defense.

The National Security Resources Board finally has published its basic document on civil defense and a brochure should be available on the medical aspects of civilian defense before this talk is published. Most of the states have now appointed State Civil Defense Directors, and the State Health Officers, on the recommendation of the National Security Resources Board, have been named the top medical officers in the Civil Defense setup. We have strongly recommended to all state medical socities that they take steps to secure the appointment of a medical advisory committee from the medical society to the State Civil Defense Director so that the state medical association may have representation at the top level of the defense setup. I think that is particularly important. In most states such a civilian advisory committee has been appointed. As the program develops it will be necessary for regional setups to be established with inter-state arrangements. The administrative problems of civil defense—in which if one city is bombed, help must be secured from another—are very complex. The Atomic Energy Commission and the armed forces during last year have had extensive training programs for physicians in civil defense. These physicians are available in most of the states to carry on refresher courses for other physicians. The American Medical Association strongly urges that state societies take whatever action they can to provide these refresher courses.

Blood Procurement Program

Another program that is of importance, and one that has recently undergone rapid development, is the American Red Cross blood procurement program. The American Red Cross has been designated by the armed forces as its official agency for the procurement of blood. The American Red Cross has also been designated by the National Security Resources Board as its official agency for the procurement of blood in a national disaster. The Red Cross has been given the responsibility not only of procuring blood on its own through its own regional blood banks but also of coordinating and correlating all of the other blood-banking facilities of the nation. The Red Cross in 1949 issued approximately 15 per cent of the total blood issued that year. The great bulk of blood is procured, processed and issued by blood banks outside the American Red Cross, particularly in the hospital blood banks. It is obvious, therefore, that in any national program for the procurement and issuance of blood during an emergency the major portion of that blood will be provided by private organizations outside of the Red Cross. We hope we have been successful in our meetings with representatives of the Red Cross, in ensuring that any publicity relating to the Red Cross Blood Procurement Program will include the fact that many other organizations are also cooperating in this endeavor. We are aware of the fact that in some instances local Red Cross Chapters have perhaps forgotten the very significant assistance that other organizations have given them. The National Red Cross in the so-called "Boston Agreement" also stipulates that it will not establish any regional Red Cross Blood Bank unless it receives beforehand the approval of the local medical society, the local hospitals, and local blood banks in that area. It has also agreed to interbank exchange of blood on a unit for unit basis, which is a very important provision.

A subject incidentally considered by the AMA Committee on Blood Banks was mass blood typing. The idea has popular appeal and some cities have already embarked on a mass blood typing of the entire population. I should report to you that most experts in this field agree that mass blood typing is not an advisable procedure; that it is unduly expensive, subject to error and of doubtful value in a catastrophe.

Hospital Standardization by the Hospitals

Here is a hot issue: The American Hospital Association at its meeting in September considered the question of undertaking

the hospital standardization program that has been carried on for many years by the American College of Surgeons. The College of Surgeons, for various reasons, had desired for some months to withdraw from the field of hospital standardization.

The American Hospital Association and the American College of Surgeons had negotiated on a somewhat informal basis for several months with the idea that the American Hospital Association might take over the whole hospital standardization program, a possibility that makes the Hess Report and problems relating thereto seem like a minor skirmish. Representatives of the American Medical Association, the American College of Surgeons, and the American Hospital Association have been in rather constant consultation about this very complex problem. In many respects it is potentially the most serious problem that confronts the medical profession at the moment.

AMA Dues and Fellowship

Many members of the association have not yet paid their $25 dues for the year 1950. I should like to take this opportunity to urge you who have not paid to pay now. There is still some confusion which we have tried to eliminate by several items in the Journal of the AMA and in the Secretary's Letter. Some physicians have paid Fellowship dues of $12 and believe that that represents membership dues, which it does not. No member of the American Medical Association will be considered delinquent in the payment of his 1950 membership dues until he is formally notified by the Secretary and General Manager of the American Medical Association, sometime after January 1, 1951, that he has failed to pay his dues. He will be given thirty days following the receipt of Dr. Lull's letter informing him of his delinquency. If, following those thirty days, he still has not paid his dues, he will then be dropped from the membership roll. In 1951 the AMA dues will again be $25 but will include the subscription to the JAMA.

The question of Fellowship is controversial but the latest news on that is that the Board of Trustees at the September meeting voted to assess Fellows the sum of $5 instead of $12 for 1951.

Legislative Roundup

The legislative picture may be summed up by saying that last year the American Medical Association and the medical profession did not lose a single legislative battle.

Title Seven, the compulsory health insurance portion of S-1679, is of course dead at the moment. It will be up again in the next Congress and we shall have to fight it just as we did this year.

Federal aid to medical education is a subject we could discuss for some time. That is a hot bill. It will not pass, in our opinion, in this Congress. It is bottled up in the House Interstate and Foreign Commerce Committee.

Mr. Biemiller introduced two bills following the original one. His last bill provided for federal aid to schools for construction only, and that too was defeated. The American Medical Association has not been supported by the Deans of many of the medical schools and has had to fight this battle almost alone. The Association of American Medical Colleges, for example, is on record in favor of the bill, and many of the individuals who are with us 100 per cent against compulsory health insurance are not with us on this. We face a difficult situation here.

The local Health Units Bill was supported by the American Medical Association for two years but in June the House of Delegates reversed itself and placed the AMA on record against the bill. I mention that fact without comment except to say that it has confused some of the Congressmen and many of our friends who had expected we would continue to support this legislation at least. We doubt that it will pass, regardless of our support or opposition at this time. It is in the Rules Committee of the House which does not favor the passage of any legislation that is not directly related to the war effort.

One final news comment that may be interesting: Here is an article that has just appeared in the New York Times: "Oscar Ewing denounces Soviet radio lies." He says, "The struggle to preserve an extended freedom dominates the entire planet. Our greatest weapon in this battle is not tanks, heavy bombers, or atomic bomb—it is the weapon of truth." When a man bites a dog that makes news. This is news, because if anyone has misrepresented the truth Mr. Ewing has!

PRESIDENTIAL ADDRESS*

CONRAD H. JENSON, M.D.
OGDEN

You who are here should carry the meaning and the spirit of this session into your respective component societies. I have tried to choose a few subjects which I think are of importance. In all organized groups there are key members who devote a great deal of time thinking about the various principles which control the functions of these groups. When we are given an opinion from our societies, from the A. M. A. down, we should know that a great deal of thought has been given to the reports which have been assembled. There is often a tendency on the part of some individuals who have given little thought to their problems to condemn with one sweep things which have been considered very seriously by appointed committees and groups. So, when you return to your societies, if you feel that such remarks are being made—everybody has a right to make them, of course—it might not be amiss to call attention to the fact that the reports which have been handed to us usually have received very careful consideration and should not be discounted by anybody who is not pretty well informed on the subject.

Permit me first to thank you, the Delegates of the Utah State Medical Association, for the honor of having been called upon to serve you the past year. The officers and committeemen you have provided to serve with me have rendered excellent teamwork. To them my gratitude. Our Ladies' Auxiliaries have done a marvelous job; again my thanks.

Today's problems are critical and of enduring moment. We as physicians must play a prominent role in the solution of these problems. Time will not permit me to more than indicate wherein we as individuals and as an organization play important parts.

First of all, the world is ill with problems of maladjusted personal and public relationships. Avarice, distrust, and jockeying for special privilege are occasionally supplanting trust, goodwill, and understanding. Secondly, a close ally of personal relationships is that of sound economy—the simple idea of spending less than one earns, the much talked of but too poorly followed idea of budgeting. The third problem which presents itself is that of mass ideologies, an elemental motivating factor more powerful than the A bomb.

How then are we as medical men, and specifically as the Utah State Medical Association, to play our role in the solution of these problems?

Each of us as medical men tends to become too engrossed in the immediate demands of our profession. Permit me to offer two suggestions. First, may all of us identify ourselves wholeheartedly with one or more worthwhile community projects. Secondly, let us identify ourselves solidly behind the social, religious, and professional units to which we belong. As members of our state and component organizations let us become really active, not passive; pushing, not dragging. The influence of him who is always on the fence without a decisive stand, a "me-too-er," is a sorry one.

As medical men we have certain professional obligations. Firstly, to respond willingly to all holiday and night calls. Some larger component and state societies have

*Delivered before the Annual Session of the House of Delegates, Utah State Medical Association, Sept. 6, 1950, Salt Lake City.

devised central offices where such calls are directed. The individual doctors take turns in caring for all such calls. Caring for such calls is a "must" in good personal relationships.

Secondly, our public becomes antagonistic in waiting long hours in our offices. A solution to this problem is largely individual but must be met to insure the best public relations. Less time to each patient is not the answer.

Thirdly, emergency calls must be met promptly. To an acutely ill accident-patient, time is the all important element. Prompt service is usually more important than the physician of choice to the patient.

Fourthly, the item of medical fees is an important one. Patients as a rule do not object to paying a reasonable fee if they get value received. A painstaking history, careful examination and well-advised treatment take time and should be well compensated. One cannot plead so enthusiastically, however, for the "quickies," "snap consultations" and the "push-button type" of specialty services. Modality services should never be, but too frequently are, compensated better than brains and skill. Then, too, why should physicians profit so highly from parenteral medication? To be specific, why should antibiotics, liver extract, and estrogens quadruple their value while passing through the hypodermic needle of the office nurse? Preventive inoculations should be supplied at low cost with a wide distribution.

Dr. James Roscue Miller emphasized, "For if, at the same hour that men succeed in splitting the atom, they allow the intellect to be divided from the conscience, all the achievements, the contributions to the world's wealth and to man's comfort, the engineering wonders and the medical advances, are but a handful of dust."

In some cities the physicians have spearheaded the foundation and operation of health councils to solve civic health irregularities. For a program to be successful there must be real health problems existing and some enthusiastic and well-balanced and respected medical man to head the organization. Experience has demonstrated that these organizations are valuable only if well perpetuated.

We as physicians will do well to encourage preventive medicine and educate the public liberally. We should be more communicative and generous with the press and radio. I suggest this latter idea as a project during the ensuing year.

Closely allied to fees is medical economics. Medical cost represents 4 per cent of the United States payroll. To the man who is ill, it represents much more. Today planned advertising surpasses planned spending; as a result too many agencies catch the dollar before the uncertain and ill-timed illness.

The solution lies in prepaid medical programs. Which shall it be—individual and voluntary, or compulsory and of necessity a centrally planned system? Let us consider only the economic side at this time. Which plan can sell the best article for the lowest cost? According to the Hoover Commission report, hospital beds can be built at the following costs: privately, $16,000; federally, $24,000. The length of stay of the average patient in a private hospital is seven days; county hospital, 17 days; and a federal hospital, 31 days. I realize direct comparisons are not just.

There are about 6,300 hospitals with 1½ million beds and a yearly patient load of 11 million in the U. S. A. today. At the difference between privately and federally constructed beds there would be a saving of $9,000 times 1½ million or a small item of 13.5 billion dollars. The per diem cost of $13.50 per patient for 23 extra days for 11 million patients adds up to 3.4 billions of dollars yearly, a sizable possible saving.

By the end of 1950 there will be an estimated veteran hospital bed capacity of 155,-767 in 196 hospitals. The cost of these is an estimated $884,600,000.

The United States public debt is over 257 billion dollars at the present time. In a year of 208 billion dollar national income, an all-time high, our budget deficit will possibly run from 3 to 5 billion dollars. The old age and survivors mis-designated "insurance" has had a gross income over the twelve years it has been organized of $14.75

billion, paid out $3.26 billion in policies and overhead, and has a liquid cash balance of $96 millions and an IOU deficit covered largely by federal bonds to the amount of $11.49 billions. This latter amount is not a liquid or negotiable asset but one which will have to be met with a new tax assessment. Each American family pays a hidden yearly tax of $700 besides his property and personal income taxes.

This type of financing, my friends, is not sufficiently sound for prepaid medical insurance. The competitive, voluntary, American way is the only one the medical organization can support.

Harry Becker, director of the social security department of the United Automobile-Aircraft-Agriculture Implement Workers of America, CIO, without reservation and without concessions, stated in San Francisco that the CIO mistrusted the medical profession. He demanded for the CIO program: (1) disability and retirement benefits; (2) more complete medical and surgical and hospital coverage; (3) an increased wage ceiling contract; (4) coverage for chronic illnesses; (5) a preventive medical program; (6) a public educational program; (7) reasonable cost to the laboring man. Many of these demands are just and we must work toward them.

This we cannot do half-heartedly. We must remember that our mission is first, service to humanity; and second, a livelihood for ourselves. We have chosen to support a voluntary insurance plan of our own. This move must be taken seriously. It must not fail. Our neighbor medical organization in California is now underwriting a wider coverage than we do. Their new policy covers twenty-three of the chronic and catastrophic illnesses. This is pioneering on their part. We must first become solvent in our own venture and then rapidly expand. In the meantime we must sacrifice gladly to make this plan successful. We are our own reinsurers. I hope we all realize how important and necessary reinsurance is in a service contract. Service contracts are the only type of contract which will be acceptable to the public.

Enough for this important problem. Let us now consider the much more important one of ideologies. The sturdy pilgrim fathers and our own state pioneers did not feel dependent on any central planning system to care for their social and economic needs. The hand of fellowship and assistance in the smaller social units was as natural a sequence as their unfaltering faith and their dogged determination to enjoy the peaceful contentment that comes only to free men engaged in a life of initiative and self-determination. Their grievances, their physical and economic ills, were minor problems compared with the all-important ideology of an unhampered, individualistic, self-determined way of life.

"Any economy that loses the discipline of competition exposes itself to the discipline of absolute authority," Henry C. Simons, late Professor of Economics, University of Chicago, said. "Our industrialists, Henry Fords and William Knudsens, were preceded by our Thomas Jeffersons and Abe Lincolns."

"The kind of dictatorship under which we may fall today is not that brought by some individuals—via armies, navies, guns, etc. There is a kind of dictatorship that can come through a creeping paralysis of thought, a readiness to accept paternalistic measures from the government, and along with these paternalistic measures, a surrender of our own responsibilities and, therefore, a surrender of our own thoughts over our own lives and our own right to exercise our vote dictating the policies of this country. Ownership of property will gradually drift into central government and finally you have to have a dictatorship as the only means of operating such a huge organization." (General Dwight Eisenhower, as quoted by the Associated Press.)

Woodrow Wilson once said: "The most powerful force in the world is the spontaneous cooperation of a free people."

"Detroit had not the ideal natural resources, skilled mechanics, transportation facilities, or close market, but the vision, imagination, faith and industry of strong men to make it the automotive center of the world."

"The public demand for government programs to conquer our economic and social frontiers will increase unless we individu-

ally join with others in effective voluntary programs."

The following quotations are from President Elmer Henderson's inaugural address in San Francisco:

"Those who are leading this onslaught against medicine are men of little faith in the American people who 'propose to place all our people—doctors and patients alike—under a shabby, Government dictated medical system' . . .

"State Socialism and Communism have but a single essential difference: 'Under State Socialism human liberty and human dignity die a little more slowly, but they die just as surely' . . .

"Medicine has met the challenge of modern times, but the people have been failed by a Government which is 'sick with intellectual dishonesty, with avarice, with moral laxity and with reckless excesses' . . .

"American Medicine has become the blazing focal point in a fundamental struggle which may determine whether America remains free, or whether we are to become a Socialist State under the yoke of a government bureaucracy, dominated by selfish, cynical men who believe the American people are no longer competent to care for themselves."

The principal attackers of private medicine in Washington, the speaker went on, are "little men whose lust for power is far out of proportion to their intellectual capacity, their spiritual understanding, their economic realism and their political honesty."

The political pot is boiling again this year. In 1870 Germany gave birth to the ideology of central planning and distribution—socialism. Since then many of the stronger European and Asiatic nations have adopted this same program. This idea until recently has been foreign to American soil. It should be the sacred duty of every red-blooded American to keep it foreign. Such an ideology has no place in a land dedicated to the founding and preservation of free thinking and a competitive way of life.

In this election year we as medical men shall fall far short of what our founding and pioneer fathers would have us do as defenders of their ideology if we do not fight unitedly for the preservation of these principles of freedom. Let us then during the coming political campaign and down through the years take an active part with our means and time and go all out for maintaining the ideologies we all should hold most dear.

We cannot legally unite as a society but let us each work wholeheartedly for our inner convictions. Social planning has strong allies both within and outside the present administration. We must also encourage strong allies.

Armed international conflict is again a possibility. It is incumbent upon us to organize as a medical profession in preparation for a different type of warfare and civilian medical protection.

Our state has already appointed a comprehensive organization on resources and defense. The Utah State Medical Association is well represented on that committee. The State Association has also a committee assigned to the procurement of physicians for the armed services. The A. M. A. and state medical societies have definitely committed their respective organizations as to the order in which medical draftees are to be called.

Let us as medical men and red blooded Americans pursue diligently our splendid advancement in things medical, serve our public well, help them solve their medical-economic ills, encourage strong allies, and unsheathe our poitical swords in the perpetuity of a free way of life.

THE AMERICAN UROLOGICAL ASSOCIATION UROLOGY AWARD

The American Urological Association offers an annual award of $1,000.00 (first prize of $500.00, second prize $300.00 and third prize $200.00) for essays on the result of some clinical or laboratory research in Urology. Competition shall be limited to urologists who have been in such specific practice for not more than five years and to men in training to become urologists.

The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Palmer House, Chicago, Illinois, May 21-24, 1951.

For full particulars write the Secretary, Dr. Charles H. de T. Shivers, Broadwalk National Arcade Building, Atlantic City, New Jersey. Essays must be in his hands before February 10, 1951.

A RATIONAL APPROACH TO THE PROBLEM OF THROMBO-EMBOLIC DISEASE

WESLEY E. PELTZER, M.D.
SALT LAKE CITY

There remain in medicine today few more controversial issues than proper management of conditions listed under the heading of thrombo-embolic disorders. This is attested by the multitude of scientific treatises published yearly presenting one or another of the facets of the problem. Much of this information has been concerned with perpetuation of one or another divergent viewpoint regarding pathogenesis of this process and therefore the most rational treatment. The chasm separating the medical or anticoagulant approach and the surgical or ligation approach has been particularly wide and deep. Lesser fissures have separated place to ligate (superficial femoral, common femoral, iliac, or vena cava) among the surgeons, and whether heparin or dicumarol were the medication of choice from the standpoint of the medical régime.

Perhaps it is time to take stock of these different methods, recognize the advantages and shortcomings of each, and agree that each individual patient will present findings or circumstances indicating that all facilities being available, either surgery and/or anticoagulant therapy would represent the treatment of choice. This previous statement fails to take into consideration the plight of thousands of patients who are to suffer from this disorder but to whom all facilities are not available.

The two-fold purpose of this presentation is to bring into clear view the known features of the pathogenesis and pathology of this disorder so that we may better evaluate indications and contraindications for surgery and/or medical treatment, keeping in mind that available facilities may weigh heavily in either choice. Secondly, to reawaken early diagnostic interest in the problem on the part of all physicians and particularly those in rural areas who, because of the sense of futility engendered by the lack of technical skill and surgical facilities to ligate veins and absence of accurate laboratory control of the blood prothrombin content, have tended to neglect the problem. With the pioneer work of Loewe, et al[1]., in the use of repository heparin, a highly effective means of therapy has been introduced which can be effectively employed in the home or hospital with a wide margin of safety, the effect of which can be rapidly terminated should the necessity occur, and a simple clotting time serve as a control of adequate or inadequate dosage. With the present ready availability of these preparations* it becomes mandatory that all physicians be alert to this problem in order to prevent unnecessary morbidity with sublethal pulmonary embolus and the chronic complication of venous insufficiency as well as the tragedy of fatal pulmonary embolus.

This paper will not concern itself with the choice of treatment of pulmonary embolus except to recommend a conservative régime of treatment as both the domestic and foreign literature are in agreement that the surgical extraction of a pulmonary embolus carries a mortality rate of at least 75 per cent which is out of all proportion to the success of medical therapy. Neither will the problem of treatment of the chronic sequelae of venous occlusion be considered.

Pathogenesis and Pathology of Venous Thrombosis

In selecting the proper therapeutic tool it is fundamental to have a clear conception of the mechanism initiating the intravascular clot, together with the factors responsible for progression, as well as the body's healing response to such a process. That the factors initiating such a clot are totally different than the clotting factors in the test tube is recognized. It is probably true that we are as far from understanding

*Warner's Heperin in Pitkin Menstrum. Upjohn's Depoherin.

the physiologic details of the intravascular clotting of blood as we were twenty years earlier when onset of interest in this problem began. That tremendous strides have been made in the clinical avoidance of the predisposing pitfalls is established in the well documented medical literature. Debility, cardiac disease, advanced age, obesity, primary malignancy and particularly inactivity, especially bed rest and cramped positions, are some of these major pitfalls.

The factors of blood stream slowing, endothelial injury, and eddying of the blood stream are well recognized. Aschoff[2] described the initiation of the clot as occurring in the vicinity of a vein valve as an agglutination of platelets upon which the accretion of cellular elements and fibrin is superimposed. At this point the basic viewpoint regarding the nature of the process and therefore the rational approach to treatment vary widely. Oschner and DeBakey[3] with the support of Hunter, et al[4]., as well as many others champion the view that the subsequent pathologic processes can be clearly differentiated on clinical grounds into two distinct entities, namely a phlebothrombosis or loosely attached clot and theraby potentially very dangerous, and a thrombophlebitis or closely adherent clot which because of its intimate attachment is relatively innocuous as far as embolization is concerned, even though locally destructive to the returning vascular channels and therefore followed by a high incidence of chronic sequelae. Many student of the subject, particularly Allen and Barker, Welch and Faxon[5] feel that such a differentiation is artificial, clinically impractical, and potentially dangerous. Fine and Starr[6] support this statement particularly if the clinical impression is to be relied upon to justify the surgical interference or non-interference. It would seem that the truth of these divergent viewpoints lies somewhere between.

Knisely, et al[7]., in a basic treatise describes the sludging of the cellular elements of the blood with the escape of plasma through an abnormally permeable vascular endothelium. This abnormal permeability could well be the result of an intimal anoxia due to a slowed peripheral arterial circulation. The agglutination of cellular elements is soon the site of fibrin formation. It is this long tentacled, worm-like mass invading the collaterals and floating in the slowed venous stream that is the source of the emboli. This mass is ever extending proximally and through collaterals due to the impeded venous stream, which together with the presence of the clot "activator" substances (Seegers[8]), from local destruction of cellular blood and tissue elements perpetuates the clotting process. That the head of this advancing process is compatible with the concept of phlebothrombosis or "osis" as indicating non-adherence is certainly true. A review of the body's mechanism for removal of such a clot also makes the concept of an "itis" or attachment equally true. The vascular endothelium responds to the presence of such a waving clot by the orderly progression of fibrin fixation to the intima, cellular infiltration, fibroblast invasion, vacuolization, and finally recanalization. A pathologic section at any phase following the fibrin fixation would present the undeniable conclusion of "itis" or cellular infiltration and fixation. Allen, Barker and Hines[9] state that the intimal fixation of such "osis" clot may occur in any time from hours to days. To prognosticate on the embolic tendencies of such a process in the light of present knowledge without recognition of the freely waving tail of sludged blood would be foolhardy in the extreme. That such is true is confirmed by reports of Felder[10], Ross and Hudson[11], and many others, in which embolization occurred in the presence of the clinical picture of thrombophlebitis (Fig. 1).

For the future progress of conception in this disorder as well as avoidance of further confusion in the medical literature, it is necessary to meet on the common ground and accept the terms venous thrombosis to represent the panorama of the most bland phlebothrombosis on one end and the most vicious thrombophlebitis as the other extreme, recognizing that

in each process there is an area of "itis" as well as "osis." Future reference to this rainbow of processes in this paper will be referred to as venous thrombosis.

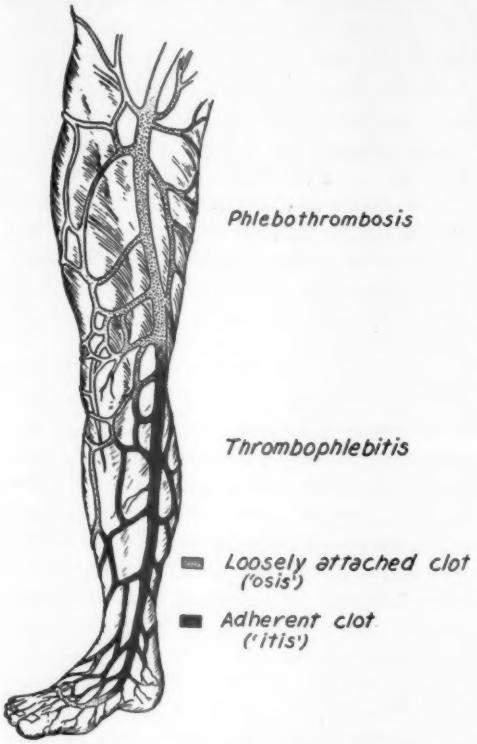


Fig. 1. Diagram to indicate embolization occurring in the presence of thrombophlebitis.

The statistical evidence is in surprising agreement regarding the expected frequency of pulmonary embolus following venous thrombosis: Welch-Faxon 30 per cent, Felder[10] found twenty-seven pulmonary emboli in ninety-two autopsied patients with clinical signs and symptoms of venous thrombosis. Of hospitalized patients Allen has indicated that one patient in five having the signs or symptoms of a preliminary pulmonary embolus will have a subsequent fatal pulmonary embolus before discharge from the hospital if untreated.

That venous thrombosis and its sequelae represent a serious threat to successful surgical or medical management of a patient is indicated by the prophylactic measures that are advocated. Linton[12] routinely ligates the superficial femoral veins of all patients over 50 years of age in which subsequent major surgery is contemplated. In a medical approach to the same problem Allen has prophylactically applied Dicumarol therapy to a group of patients who, by statistical evidence, have been found to be predisposed to an increased incidence of this disorder following surgery of the uterus, colon, prostate and gallbladder, as well as those patients who have suffered a previous venous thrombosis. That both methods of therapy are effective is statistically evident; the disadvantage, however, lies in the expense that must be borne by so many to prevent fatal or disabling complications in so few, whichever is the method of choice.

Explanation of Clinical Features

The clinical manifestations of any particular phase of venous thrombosis is probably the result of several factors. Locally in the thigh, calf, or plantar aspect of the foot the usual features of edema and venous engorgement will depend on the total amount of venous collateral return rendered incompetent by the clot. The presence or absence of tenderness will depend on the physical location of the vein segment involved—how well protected by bone, muscle, tendons, fascia, and adipose tissue. It would seem quite possible to hide a significantly thrombosed vein in a well rounded, muscled and adipose leg that would be exquisitely tender and painful in an emaciated, thin calf. The presence or absence of Homans' sign (calf pain elicited with flexed knee when foot is forcibly extended), would again depend on the physical location and extend of the vein involved as well as surrounding protecting tissues. The general manifestations of tachycardia, fever, leukocytosis, etc., of the venous thrombosis would seem to depend on the activity and extent of the process as well as the general state of health or ill health of the patient. Thus a dramatic and actively extending and extensive process might result in a maximum of general

and local symptoms, while a slowly extending and lurking process might announce its presence with a fatal pulmonary embolus with a complete absence or few signs of general or local involvement.

The importance of early recognition of the presence of venous thrombosis is twofold. To prevent the extensive destruction of the return venous channels with the disabling sequelae of chronic edema, leg pain, varicosities, and ulceration and the more serious complications of the acute phase, either sublethal or lethal pulmonary embolization.

In the face of the dramatic features of a pulmonary embolus, the chronic sequelae of a venous occlusion are frequently lost sight of, but all physicians can recall the unhappy female patients who are destined to spend their life with a varicose and chronically swollen extremity together with the economic loss, both male and female, required in the prolonged periods of bed rest and frequent endeavors to heal the chronic painful ulcers.

Indications and Contraindications for Choice of Therapy

Any surgical operation is justified only insofar as a clot bearing portion of the venous bed is isolated from the general return venous circulation. Unfortunately, the most effective procedures in isolating the maximum of potential clot bearing venous channels are also the more extensive and traumatic procedures. All too frequently the patient has already suffered a recent major operation, is critically ill with cardiac or other medical conditions or complications, may have suffered one or a series of non-fatal emboli. Any procedure in such circumstances regardless of how trivial may weigh the scales in favor of a fatal outcome. Castleman[13] has been quoted as indicating that 95 per cent of all fatal pulmonary emboli may be isolated by ligation of the superficial femoral veins bilaterally. This evidence is used as justification of routine bilateral ligation in the presence of non-fatal pulmonary emboli of unknown origin as well as venous thrombosis clinically apparent in the lower extremities. Other authors, namely Felder[10], Crutcher and Daniel[14] in autopsy series have found the veins above the common femoral to be involved in about 50 per cent. The routine ligation of the superficial femoral under these circumstances would seem unjustified and contraindicated.

The sequelae of ligation should also be considered. That chronic edema is less frequent than expected when major venous channels are ligated is evidence of the tremendous venous collateral bed. Surgical experience in the past, however, has shown that the efficiency of the collateral return varies considerably depending on the site chosen for ligation. Chronic edema may be expected following ligation in an increasing incidence in the following sites, superficial femoral, iliac, hypogastric, vena cava, and common femoral. The increased incidence following common femoral ligation would indicate a limited reserve of collateral channels in this area. Whether or not chronic edema will supervene following any level of ligation in any particular patient would seem to be the product of available anatomical collateral channels, minus those channels occluded by this venous thrombosis, plus the additional incompetency produced by ligation of a major branch and its functioning collateral tributaries. That the edema following surgery at any level will disappear in a majority of instances is well documented; however, that chronic edema will result when further embarrassment is added to a venous bed already extensively involved by thrombosis would seem most reasonable and is, in fact, true. The common denominator of edema or no edema, regardless of surgical or medical treatment, would seem to be the extent of the process at the time treatment was applied although there can be little objection to the statement that surgical obliteration of potential venous return can be expected to produce little else than further edema.

Even in the absence of edema, Starr[15] has indicated that annoying discomfort of the legs can be expected as a permanent

complication in about one-third of patients in which bilateral superficial femoral ligation is done. Veal and Hudson[11], Allen, et al[16]., Donaldson[17] estimate that 4 to 5 per cent of patients having bilateral superficial femoral vein ligation in which the primary clot was clinically known to be isolated below this point, subsequent pulmonary emboli are to be expected. This is attributable to the formation of an eddy pocket in the venous stream at the site of ligation which, together with the locally damaged itima, form a nidus with the predisposing factors for recurrent venous thrombosis. Both authors emphasize that the ligation should be performed as close to the common femoral as is technically possible.

Allen[18] has indicated that in over 3,000 patients adequately treated with Dicumarol at the Mayo Clinic, treatment failure as manifested by progressive thrombosis or repeated emboli has occurred in 5 per cent. These failures have particularly been limited to a group of patients suffering from malignancy, especially involving the pancreas, stomach, large bowel, ovary, uterus, and prostate. Patients with chronic ulcerative colitis show an incidence of venous thrombosis of about 30 per cent, Felder[10], some of which are resistant to anticoagulant control usually considered adequate.

There is also an increased incidence in polycythemia and Bürger's disease. In some of these conditions it would seem that the unknown factors favoring thrombosis are unfavorably weighted. In these 5 per cent made up of progressing thrombosis or repeated emboli from whatever basic cause there would be little justification for further anticoagulant therapy of any type and here surgical ligation at any level surgically indicated, in consideration of the general condition of the patient, would seem the treatment of choice.

All facilities being available the anticoagulant therapy with Heparin and/or Dicumarol would statistically seem to be the treatment of choice. In the majority of cases, the fact that anticoagulants interfere with the friable new clot wherever it is occurring removes the element of guess from the picture, whether cardiac or pelvic channels are involved. It is blandly stated that the presence of an intracardiac site should be excluded. In many instances, even with normal sinus rhythm and absence of predisposing recent infarction, this is not possible. There is no possible way of excluding all pelvic or renal channels in the patient who announces his venous thrombosis with a pulmonary embolus. In thirteen of Felder's pulmonary emboli a so-called bland thrombosis of the legs was the primary site without signs for detection. If patients with definite localization of signs and symptoms in the lower leg with absence of suspicious cardiac or pelvic signs, the statistical evidence would indicate that the surgical superficial femoral ligation results would equal those of Dicumarol anticoagulant therapy.

CHART 1

Anti-coagulant Rx—Dicumarol

Advantages:
1. Low cost.
2. Highest statistical incidence successful Rx.
3. Effective anti-coagulant action throughout body.
4. Ease of administration.

Disadvantages:
1. Adequate laboratory control mandatory.
2. Prolonged effect.
3. Hemorrhagic complications.
4. Slow onset effective anti-coagulant action.

Method of Administration:

Oral—300 mgm. 1st day; 100 mgm. 2nd day.

Rectal—2x3 oral dose—dissolved in water or physiological saline. Subsequent doses 200-400 mgm. as necessary to maintain level of 10-30 per cent normal plasma prothrombin.

Local measures:
1. Elevate limb.
2. Warm moist compresses.

Recognizing that many patients destined to suffer this disorder will not have "all facilities available," that the complicated laboratory facilities for adequate and regular blood prothrombin determinations are not universally available, the alternative of choice would seem to be anti-coagulant therapy with Heparin. With the advent and satisfactory clinical performance of the repository Heparin preparations producing

prolonged anti-coagulant action of 24-48 hours, a significant therapeutic tool has been placed in the hands of rural practitioners. Heparin has the advantage of extreme safety in that minor or major hemorrhagic phenomena are extremely rare. The primary value of laboratory control is to see that enough has been given.

The Lee-White clotting time can be performed by trained or untrained help with no more facilities than a clean dry needle and syringe and three clean dry test tubes. The action of Heparin is short and can be rapidly terminated by protamine in milligram for milligram dosage should the necessity of emergency surgery appear. The primary disadvantage is one of cost, adequate therapy varying from twelve to twenty-four dollars depending on adequate dosage for each forty-eight hours' treatment. Adequate dosage is considered to be a clotting time in the range of two to three times the pre-treatment level. Even the disadvantage of cost may soon yield to scientific efforts in that a synthetic Heparinoid preparation at something like one-half the present cost is under investigation.

CHART 2

Anti-Coagulant Rx—Heparin (Repository)

Advantages:

1. Rapid anti-coagulant effect.
2. High statistical incidence successful Rx.
3. Effective anti-coagulant action throughout body.
4. Ease and rapid counteraction-protamine mgm. for mgm.
5. Extreme safety.
6. Simple laboratory control (Lee-White clotting time).

Disadvantages:

1. High cost.
2. Subcutaneous administration.
3. Occasional pain at site of injection.
4. Occasional febrile reaction.

Method of administration:

Subcutaneously (Maintain Lee-White clotting time) at 2-3 times pre-treatment level. Repeat dosage each 24-48 hours as indicated.

Local measures:

As in Dicumarol anti-coagulant Rx.

Heparin and Dicumarol alike are valueless in inadequate dosage. The blind, uncontrolled administration of routine daily dosage of 50 mgm. or more of Dicumarol in the face of these diseases is completely without scientific background. The tremendous variation in response of individuals to this medication makes such dosage either totally inadequate to significantly affect the plasma prothrombin content or may precipitate a fatal hemorrhage in a sensitive individual or those presenting contraindications to its usage. Any favorable therapeutic response would be totally fortuitous, so also in the case of Heparin usage although to a less restricted degree. Inadequate dosage is again totally without effect while the inherent safety of the drug permits more latitude in overdosage.

With either method of anti-coagulation ambulation can be started when swelling, pain, and local discomfort have subsided and general manifestations of fever and tachycardia have receded, but under all circumstances while the patient is under complete and adequate treatment. This stage may be reached in most instances in from five to ten days. Elastic rubber bandages or stockings may relieve the aching discomfort that not infrequently appears on resuming activity and which is due to the stagnant unsupported column of blood that results from destruction of the vein valves and disturbance of the elastic and muscular tone as a complication of the process. Anti-coagulants may be discontinued after the patient has been ambulant for several days and all signs and symptoms associated with activity are absent.

Some authors, particularly Loewe[2], speak of patients resistant to the anti-coagulant effect of Dicumarol. This is a relative resistance as all patients will respond with a fall in plasma prothrombin if sufficient drug is administered. Allen, et al., in their experiences with 3,000 patients treated with Dicumarol have never experienced absolute resistance. A personal communication from Loewe also states that the patients reported as resistant were so referred to him by other physicians.

In recent medical conventions and also in lay publications, there has appeared the advocation that blood tocopherol levels may be a valuable aid in predicting the onset of thrombo-embolic disorders. It has also

been stated that these disorders may be prevented and, in fact, treated by the use of alpha tocopherol (Vitamin E). At the present stage of the investigation of this problem, it would seem both dangerous and unjustified that this measure be used in any large number of patients clinically until further time has elapsed for more careful evaluation of its efficacy.

The true place for surgery in this disorder is in the treatment of patients presenting contraindications to anti-coagulants, such as liver or kidney disease, hemorrhagic disorders, recent active or bleeding gastrointestinal ulcerations, or recent open surgical wounds, or those who fail to respond to anticoagulant therapy with a cessation of extension of the venous thrombosis. Further embolization in the face of adequate treatment or further extension or embolization occurring on cessation of treatment may call for surgery. Under these circumstances surgery at whatever level necessary is the treatment of choice. A clinical evaluation of the indicated level of ligation should be made, keeping in mind that edema extending to the popliteal space will usually indicate femoral vein involvement. Tenderness or edema of the thigh or femoral area usually indicate iliac involvement as a minimum, and genital edema is indicative of hypogastric involvement. Any surgical ligation which reveals clot extending beyond the site of incision requiring forcible suction to evacuate can only be expected to result in recurrent venous thrombosis extending proximally, for here the vascular endothelium will be damaged and venous flow slowed to set in motion the recurrent process. Anti-coagulant therapy in this circumstance is mandatory, preferably with Heparin, as the anti-coagulant effect can rapidly be destroyed should embolization occur in the face of adequate therapy, under which circumstance vena cava ligation would provide the only alternative.

CHART 3
Surgical Rx Ligation

Advantages:

1. Available when anti-coagulant Rx Dicumarol or Heparin fails or is contraindicated.
2. No laboratory control necessary.

Disadvantages:

1. Surgical procedure.
2. Lowest statistical cure rate.
3. Traumatic.
4. Sequelae—chronic edema—annoying discomfort in legs.
5. O.R. facilities required.
6. Pelvic or intracardiac thrombi uninfluenced—clot must be isolated to be effective.

Repeated lumbar sympathetic blocks, such as advocated by Ochsner and DeBakey, in no way interfere with the clotting process nor do they isolate a clot-bearing portion of the venous bed from the return venous channels and therefore do not represent a complete means of treatment in the presence of this disorder. Their proper place is as an adjunct to either the anti-coagulant or surgical measures previously discussed. They are an effective means of overcoming the cold, moist, pallid extremity which results from reflex arterial spasm precipitated by a venous thrombosis.

The author has on some occasions obtained an adequate reduction of plasma prothrombin with rectal Dicumarol in two to three times the usual oral dosage dissolved in water or physiological saline as a retention enema. This has proven to be of value when decompression of the gastrointestinal tract is necessary or in patients vomiting as a complication of their primary disease, or from drug therapy (such as quinidine administration).

CHART 4
Rx Pulmonary Embolus

1. O_2 immediate (tent, catheter, mask).
2. Atropine sulfate—.64 mgm. subcutaneously.
3. Papaverine—64 mgm. IV.
4. Heparin (Repository) 200-400 mgm. subcutaneously.
5. Dicumarol—300 mgm. stat. 100 mgm. following day, subsequent dosage depending on plasma prothrombin content.
6. Alternate to 5. Repeated dose 200-400 mgm. repository Heparin each 24-48 hours. Maintain Lee-White clotting time at 2-3 times pre-treatment levels.
7. Local Rx to venous thrombosis if site apparent:
   a. Elevation.
   b. Local warm moist compresses.

Summary

The diseases classified as thrombo-embolic represent a frequent source of morbidity and mortality in medical, surgical

and obstetric conditions. Frequently, in advanced and inoperable malignancies and the cachexias of old age, the appearance of a terminal pulmonary embolus will appear as a blessing to the patient, family and physician alike. All too frequently, however, these manifestations appear to take the patient's life and rob the physician of an otherwise favorable result. Added to immediate disabling effects are the unsightly limbs, chronic morbidity, and severe economic loss of the untreated or unsatisfactorily treated patient, who is destined to suffer from chronic venous insufficiency, with its disfigurement, pain, and ulceration.

Early diagnosis and adequate treatment will provide a highly satisfactory result in almost all situations. This satisfactory solution will be inversely proportional to the diagnostic suspicions of the physician and his ability to apply immediate therapy of an effective nature, either anti-coagulant or surgical.

Any approach to this problem requires a fundamental knowledge of the factors predisposing to thrombosis and extension as well as the body's response thereto. Any intravascular clot whether loosely or firmly attached provides the atmosphere for progressive proximal and collateral spread by factors of venous slowing, intimal damage, and liberated "clot activators." It matters not in evaluating the potential danger of such a clot whether the "head" is firmly attached ("itis") or loosely attached ("osis"), for the impending threat lies in the sinster freely-waving tail, regardless of the degree of fixation of the head. The body's response to such a clot is one of progressive advancement of attachment from the head. However, the tail is also actively advancing, usually more rapidly than fixation progresses, and therefore any attempt to subdivide this process for purposes of treatment is without merit. The activity of the process, together with the physical location of the individual vein and particularly the overlying depth of muscle, fascia, fat, and skin will control in large measure the general and local manifestations of the process and render any attempt at differentiation unjustified and totally unreliable.

The anti-coagulants Heparin and Dicumarol provide the most effective approach. The factor of cheapness recommends Dicumarol. However, the availability of laboratory facilities to do regular and repeated plasma prothrombin determinations seriously limits the application of this means of treatment in a large number of patients, particularly in rural areas. Under these circumstances anti-coagulation with repository Heparin is indicated. Administration by the intramuscular route is simple, the effect prolonged (24-48 hours), and effectiveness is equal to that of Dicumarol. Its safety is considerably greater. Laboratory control is necessary only to insure adequate dosage by maintaining clotting time of two to three times pre-treatment levels. The primary and most serious disadvantage of repository Heparin is its high cost.

When gastrointestinal decompression or vomiting secondary to disease or medicaments interfere with Dicumarol therapy, adequate plasma prothrombin depression may be secured with rectal Dicumarol dissolved in physiological saline and administered as a retention enema in two or three times the usual dosage.

Least desirable statistically, most traumatic to an already-ill patient, and limited in application by the necessity for operating room facilities, is the surgical approach. The real indication for surgery is present in those individuals with contraindications to anti-coagulants, progression of thrombosis or embolization in the face of "adequate" therapy, or the recurrence of thrombosis or embolization on cessation of therapy.

Conclusions

Facilities will in large measure dictate how these patients are to be treated.

Repository Heparin preparations bring extremely effective treatment to a large segment of the population hitherto denied adequate treatment.

Both methods of anti-coagulation, Dicum-

arol and Heparin, are (statistically and through ease of application) favored in preference to surgery.

Surgery should be restricted to those patients presenting contraindications to anticoagulation such as progression in the face of adequate treatment or recurrent venous thrombosis and embolization following discontinuance of treatment.

REFERENCES

[1]Loewe, L., Rosenblatt, P., Hirsch, E.: Venous Thrombo-embolic Disease, J.A.M.A. 10:386-393, Feb. 16, 1946.
[2]Aschoff, L.: Lectures on Pathology, Paul A. Hoeber, Inc., N. Y., 1924, Chap. 11, p. 253-278.
[3]Ochsner, A., DeBakey, M.: Therapy of Phlebothrombosis and Thrombophlebitis, Archives of Surgery, Vol. 40:208-231, Feb., 1940.
[4]Hunter, W. C., Krygier, J. J., Kennedy, J. C., Sneeden, V. D.: Etiology and Prevention of Thrombosis of Deep Leg Veins, Surgery, 17:178-190, Feb., 1945.
[5]Welch, E., Faxon, H.: Thrombophlebitis and Pulmonary Embolism, J.A.M.A., Vol. 117, 18:1502-1508, Nov. 1, 1941.
[6]Fine, J., Starr, A.: Surgical Therapy of Thrombosis of Deep Veins of Lower Extremities, Surgery, 17:232-239, Feb., 1945.
[7]Kniseley, M. H., Eliot, T. S., Block, E. H.: Sludged Blood in Traumatic Shock, Arch. Surg., 51:225-236 Nov.-Dec.), 1945.
[8]Seegers, W. H.: Panel Discussion Anti-coagulant Therapy, American Heart Assn. Mtg., June, 1949.
[9]Allen, E. V., Barker, N. W., Hines, E. A.: Peripheral Vascular Disease, p. 604.
[10]Felder, D. A.: Evaluation of Clinical Signs of Thrombophlebitis and Experience in Therapy With Anti-coagulants, S.G.O., 88:337-350, March, 1949.
[11]Veal, J. R., Hudson, H.: Surgery of Deep Venous Thrombosis of the Lower Extremity, Surgery, 1945, 17:218-231.
[12]Linton, R.: Pulmonary Embolism and Venous Thrombosis Diagnosis, Prophylaxis and Treatment, Jnl. Med. Soc., N. J., 44:394-400, Oct., 1947.
[13]Castleman, B., quoted by Allen, A. W., Linton, R. B., Donaldson, G. A.: Venous Thrombosis and Pulmonary Embolism, J.A.M.A., 128:397-403, June 9, 1945.
[14]Crutcher, R. R., Daniel, R. A., Jr.: Pulmonary Embolism, Surgery, 23:47-62, Jan., 1948.
[15]Starr, A.: Femoral Vein Ligation, Bull. N. Eng. Med. Center, 9:206-210, Oct., 1947.
[16]Allen, A. W., Linton, R. R., Donaldson, G. A.: Venous Thrombosis and Pulmonary Embolism, J.A.M.A., 128:397-403, June 9, 1945.
[17]Donaldson, G. A.: Therapy and Prophylaxis of Venous Thrombosis and Pulmonary Embolism, Surg. Clin. No. Am., 27:1037-1051, Oct., 1947.
[18]Allen, E. V.: Personal communication.

Case Reports

LEIO-MYOMA OF THE TERMINAL ILEUM

HAROLD J. SCHILLING, M.D., ALFRED J. TANNY, M.D., and WALDO W. STILES, M.D.
ALBUQUERQUE, NEW MEXICO

This case of leio-myoma of the terminal ileum is of interest because of its rarity, only seven similar cases having been listed in the Quarterly Cumulative Index Medicus since 1939.

CASE REPORT

The patient is a full-blooded Indian girl, aged 23, from a reservation fifteen miles south of Albuquerque. She appeared on March 16, 1950. Her complaints were of increasing distress and generalized pelvic pain, with bloating. The latter was aggravated during the menstrual period. Symptoms were first noticed three years ago, and it was hard to elicit accurate and detailed history. She was a well developed and nourished, somewhat obese, Indian girl, not acutely ill. The head, neck, thorax and upper extremities were negative. An unusually heavy and pendulous anterior abdominal wall made examination difficult. Moderate distension could be ascertained, and there was extreme pain on light palpation, particularly in the right lower quadrant. The patient was a virgin and no bimanual examination was done. Rectal examination disclosed a large tumor rather high up, believed to involve the right tube, ovary, and uterus.

The patient was hospitalized for surgical treatment and she was operated upon the next day. Under general anesthesia the abdomen was entered through a midline incision, which was subsequently extended upward above the umbilicus on the right side. A large tumor mass was encountered. It was an ovoid encapsuated tumor at the junction of the terminal ileum and ileoceacal valve. Although firmly attached, the bowel serosa was not involved and no evidence of dilatation suggestive of bowel obstruction was found. Services of a pathologist were not available at the time of operation. We decided to do a resection because of the possibility of malignancy; there were many suspicious mesenteric lymph nodes, but the specimen grossly did not appear to be malignant. Thirty cms. of terminal ileum and 35 cms. of ascending colon, including cecum and appendix, were resected. She was given whole blood, plasma and 5 per cent glucose in water during the operation. The bowel was reunited by end to side anastomosis. The abdomen was closed without drainage and the patient left the operating room in good condition. A stormy postoperative course followed for eight days, after which she retained her feedings, was up and about until the fourteenth day when she was released to the Indian Hospital for convalesence. A month later she was well along toward full recovery.



Fig. 1. Gross specimen.

Pathological Report: The gross specimen consists of 30 cms. of terminal ileum with 35 cm. of ascending colon including cecum and appendix. Appendix measures 9 by 0.7 cms. and is not remarkable. At the junction of the terminal ileum with the ileocecal valve, there is a firm

encapsulated ovoid tumor mass measuring 8 by 6.5 by 5.0 cms. The overlying mucosal surface shows no evidence of ulceration. The serosa is likewise not involved. The ileum proximal to the tumor shows no evidence of dilatation suggestive of obstruction.

Microscopic: The tumor is formed of interlacing bundles of musculo-fibrous tissues the cells of which are spindle shape and uniform in appearance. There are rarified areas which appear myxomatous and contain stellate slightly swollen fibrocytic cells. There is no evidence of mitotic activity. The histologic structure appears uniform throughout and there is no evidence of malignancy.

Conclusion

Leio-myoma of the ileum is a rare tumor. Prognosis is good when the growth is totally excised and primary intestinal anastomosis performed.

REFERENCES

1. Good, C. A.: Tumefactive lesions of the small intestine. J.A.M.A. 117:923-927, Sept. 13, 1941 (contains case report).
2. Borrie, J.: Leiomyoma of terminal ileum. Brit. J. Surg. 37:235-237, Oct., 1949.
3. Bauer, F., and Pratt, J. H.: Leiomyoma of ileum; report of case. Proc. Staff Meet. Mayo Clin. 22:99-103, March 5, 1947.
4. Mass. Gen. Hosp. Case 31482: Leiomyoma of terminal ileum. New England J. Med. 233:666-669, Nov. 29, 1945.
5. Foster, D. B. E.: Leiomyoma of ileum producing intussusception. Brit. M.J. 1:129, Jan. 26, 1946.
6. Jones, T. E., and Brubaker, R. E.: Leiomyoma of ileum; case. Cleveland Clin. Quart. 9:173-177, Oct., 1942.
7. Patterson, D. C., and Geer, W. A.: Leiomyoma of the small intestine (ileum). Connecticut M.J. 7:168-169, March, 1943.

THE TREATMENT OF OCULAR TUBERCULOSIS WITH STREPTOMYCIN*

JOHN A. EGAN, M.D.
DENVER

A legitimate doubt always exists in the mind of a thoughtful ophthalmologist when he makes the diagnosis of tuberculosis of the eye. To those who have had considerable clinical experience and have read extensively of reported cases, this no doubt is due to reasons too obvious and too numerous to mention. To mention one of the chief ones, however, some eminent clinicians report seeing hundreds of patients with tuberculosis of the eye in the course of a few years. Others report very few. The truth of the matter probably is that intraocular tuberculosis, amenable to diagnosis, is a fairly rare disease in the practice of most ophthalmologists.

The first great stumbling block has been the diagnosis, and the second, treatment. Little progress has been made in the former instance. In the latter, the advent of streptomycin has given us a drug which we reasonably may hope will prove valuable in the future. In the past, treatment with tuberculin was time-consuming and expensive to the patient, and the results so difficult to evaluate and so susceptible to dispute that most clinicians refused to use it.

In a recent article Woods[1], whose research and writing on tuberculosis of the eye is internationally known, has postulated certain criteria for the diagnosis of ocular tuberculosis. They are quoted directly as follows: "(a) The ocular disease must conform to a pattern commonly regarded as tuberculous, and one of which histologic examination of eyes with similar disease patterns had uniformly demonstrated the probable tuberculous nature of the disease; (b) the patient must show elsewhere in the body evidence of a preceding tuberculous infection, a source from which the ocular infection might logically have arisen; (c) the cutaneous reaction to tuberculin must be in conformity with those of the patient's age and tuberculous status, and (d) the most thorough and exhaustive medical survey possible should reveal no other systemic disease or cause to which the ocular inflammation could logically be attributed."

The details of such a survey have been outlined by Woods previously.[2] To the average clinician, the requirements set forth by Woods are truly formidable, and almost impossible of accomplishment except in an endowed institution. Those on the firing line in smaller communities cannot hope to surmount the difficulties of so meticulous a survey, no matter how much they would wish it. In larger centers, the patient is frequently unable to pay for such a survey. Also, there may be some question as to its final value. A therapeutic test with the drugs at hand might conceivably produce better results in a shorter period of time.

Reading Woods' article, however, does prompt us to approach as nearly as possible the ultimate in eliminating such con-

ditions as syphilis, brucellosis, sarcoidosis, toxoplasmosis, histoplasmosis, virus diseases, gonorrhea, endophthalmitis anaphylactica, sympathetic ophthalmia, pigment sensitivity, and foci anywhere in the body. These procedures in themselves are difficult enough, but when we add the investigation for sensitivity to staphylococcus and all strains of streptococcus, the problem of differential diagnosis is serious. If we knew at once whether or not any given uveitis was granulomatous or non-granulomatous, the task would be simplified. Any case of uveitis may prove to be one or the other after days or weeks of observation. Too, the non-granulomatous type may turn into the granulomatous type.

CASE REPORT

Mrs. H. C., white, aged 57, reported on September 26, 1949, complaining of pain and photophobia in the left eye of four days' duration. Family history revealed that the mother of the patient was still living, aged 80, and had eczema. The father, who died at age 70, had asthma.

The past history revealed that the patient at the age of 11 had had a large draining gland in the left cervical region. It was diagnosed tuberculosis at the time. Four years ago the patient said she noticed a "drawing sensation in the gland" and had it removed because she feared it would turn into cancer. Communication with the doctor who removed the gland revealed that the pathologist had made a diagnosis of "chronic inflammatory disease, healed."

The patient had had no other serious illnesses, and stated emphatically that her health since childhood had been excellent.

Examination of the right eye was negative. The left eye showed a faint circumcorneal flush. With the slit lamp and corneal microscope, a plus 2 equeous flare was noted. Small keratic precipitates and a few small clumps of pigment were present on the posterior surface of the cornea and anterior surface of the lens. The iris was slightly swollen and "muddy" looking. There was also noted a fine punctate epithelial keratitis, revealed only after staining with fluorescein. The tension (Schiotz) was 19 each eye. The fundus was negative, and remained so. The vision was 20/40, corrected to 20/30 plus with a minus .50 sphere. A tentative diagnosis of non-granulomatous anterior uveitis was made.

The patient was advised to have a complete medical survey, but refused for economic reasons. Urged to attend a free clinic, she refused. She did submit to a Kahn test, also a Mantoux test. Free x-ray of the chest in the recent city-wide survey was reported as normal. The Kahn test was negative, and the Mantoux test strongly positive in the second dilution.

She had seven lower teeth of her own which appeared to be in good condition; the gums looked healthy, with no gross appearance of infection. The nose and throat were negative, with no history of a cold or nasal obstruction. She had no gynecologic symptoms. There was a linear contracted scar about 4.5 cm. in length below the angle of the left mandible extending down and forward along the left side of the neck.

The usual treatment for acute anterior uveitis was instituted: heat, atropine, and large doses of salicylates. Metaphen ointment was prescribed for the keratitis.

Course of disease: The following day the eye was white and quiet and painless and remained so throughout the course of the disease. The keratic precipitates had increased. By October 6, 1949, the keratitis had disappeared, but the vision dropped to 20/70. The keratic precipitates had taken on a mutton fat appearance. Through the corneal microscope they looked larger than a pinhead, were pancake flat, round and greasy gray. They had accumulated at an alarming rate on the posterior cornea, and were plastered on the anterior lens. They had formed Koeppe's nodules on the pupillary margins, and Busacca's floccules[3] on the surface of the iris. The diagnosis was changed to granulomatous anterior uveitis, with tuberculosis as the probable cause.

Streptomycin therapy was instituted the same day, 1 gram daily of dihydrostreptomycin sulphate in a single dose intramuscularly.

Four days later on October 10, 1949, the mutton fat deposits had been reduced remarkably in size, and the vision was 20/40 corrected. On October 18, there were still three medium-sized deposits on the posterior cornea, very few on the lens and Koeppe nodules and floccules on the iris had disappeared. Vision was 20/25 corrected. The patient complained of severe morning nausea—no vestibular symptoms otherwise. Therefore the drug dosage was reduced to 0.5 grams daily. Atropine was continued. Salicylates and heat had been abandoned when streptomycin therapy was instituted.

On October 31, only one rather large precipitate was seen on the cornea and the lens surface was clearing rapidly. By November 14, all evidence of the disease, except one or two pigment deposits, had disappeared entirely. The vision was 20/20 corrected. Since then the eye has been quite well. To me, watching the eye almost daily, the recovery was dramatic.

The patient received streptomycin for forty days. The total dosage was approximately 22 grams.

Discussion

It will be noted that Woods' postulates for diagnosis of ocular tuberculosis were present except that all general diseases which could have caused the uveitis were not adequately ruled out. However, the disease.

The family history, eczema in the mother and asthma in the father, may be significant in that there was a high degree of allergic sensitivity of a hereditary nature.

Concerning the exclusion of all other diseases and allergic sensitivity capable of

disease looked like tuberculosis, the patient had had tuberculosis to supply the focus of infection, and the cutaneous reaction was positive. In this connection, a positive skin test where the eye is concerned is much more significant than in the diagnosis of other tuberculous conditions. Where sensitivity of the skin exists, so does it exist for the eye, though we may have a hypersensitivity of the eye without evident skin sensitivity.

It was interesting to note that the eye infection was ipsolateral to the old gland causing uveitis, it may be said that Woods' complete survey takes nine days. Would not a clinical trial with streptomycin be indicated in the meantime? Acute uveitis can do rather severe damage to an eye in less time, as demonstrated in the reported case.

To report one case as conclusive of anything would be ridiculous. Even several more, however, would still be inconclusive. The whole point is that we have a new weapon with which to fight tuberculosis of the eye. I see no reason why it should not be used as soon as possible whether or not we have been able to rule out all other possible etiologic factors, especially when the uveitis is of the granulomatous type.

Since treating this patient, another article by Woods[4] has appeared in the literature. He reports rather remarkable results treating intraocular tuberculosis with streptomycin, 1 gram daily in two divided doses augmented by promizole, 6 grams daily in divided doses.

REFERENCES

[1]Woods, Alan C.: Home Study Manual, American Academy Opthalmology and Otolaryngology.

[2]Woods: American Journal of Ophthalmology, 32:1457, 1949.

[3]Duke-Elder Textbook, Diseases of the Eye, Vol. III.

[4]Woods: Archives of Ophthalmology, 42:521, 1949.

TOWARD EFFECTIVE CANCER CONTROL

The American Cancer Society, a venerable member of the family of health agencies, should be known to all doctors for its services are many. Through its national office in New York, its sixty-one chartered divisions and 2,613 county branches, it conducts a broad-based year-round effort to control cancer.

The control of cancer will come through understanding of its causes, prevention, and effective treatment; this knowledge waits on research. The society has recognized the importance of intensified investigation efforts in the field of growth and spends 25 per cent of its income in support of such studies and in training young scientists. During the present year this support amounts to $3,500,000. The total research expenditure for the past five years is $13,153,560.

A substantial measure of control over cancer can be achieved today with knowledge already at hand. The disparity between cancer's curability and the cures being achieved is striking. For example, cancer of the breast is curable in 80 per cent of patients who are treated when the disease is confined to the breast; yet the country-wide cure rate is less than 35 per cent. When cancer of the rectum is confined to the mucosa, cure rates of 70 per cent have been reported; yet the overall rate of cure is about 11 per cent. Similar differences hold for most forms of the disease. In order to achieve a larger measure of cures, the American Cancer Society engages in an intensive educational and publicity campaign, based on knowledge of cancer's early signs and symptoms (the Danger Signals), and the value of periodic physical examinations.

Improved services to patients with cancer are provided by support of cancer clinics, organized programs of cancer detection and information services; these efforts are augmented by a corps of volunteers who provide loan closets, transportation services, recreational activities and dressings.

Of immediate interest to doctors is the professional education program. During the past year, three monographs of a series dealing with cancer by anatomic site have been distributed to practicing physicians throughout the country. The series will be continued this year, with distribution at three-month intervals.

The professional journal "Cancer," which first appeared in May, 1948, has been well received by clinicians and investigators interested in the problems of abnormal growth. A series of motion pictures for professional audiences, treating the problems of early diagnosis of cancer by anatomic site, has been outlined. Two of the films have been released, the first concerned with the general problem of the early diagnosis of cancer and the second concerned specifically with the early diagnosis of cancer of the breast. A third, covering cancer of the gastro-intestinal tract, is in preparation and will be released this year.

A new publication of the society will appear this year, and will be distributed bi-monthly to practicing physicians throughout the country. Topics of interest to the general practitioner will be presented in digest form, together with brief abstracts of significant papers appearing in the literature. Clarity, brevity and general interest will be stressed. It is the society's hope that this digest will be accepted by the busy physician for whom it is planned.

The library of the society publishes monthly a bibliography of the current cancer literature which is available on request to physicians, research workers and libraries. The library will prepare, on request, bibliographies on any topic related to the field of cancer. A package lending library has been established which will supply reprints, on a loan basis, to any physician or investigator requesting the service.

CHARLES S. CAMERON, M.D.,
Medical and Scientific Director.





"A high percentage of cases of seasickness and carsickness can be aborted or prevented by suitable doses of dimenhydrinate (Dramamine)."

—Council on Pharmacy and Chemistry, New and Nonofficial Remedies, J.A.M.A. 143:815 (July 1) 1950.

DRAMAMINE® Brand of Dimenhydrinate—for the prevention or treatment of motion sickness—is supplied in 50 mg. tablets and in liquid form.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

RESEARCH IN THE SERVICE OF MEDICINE **SEARLE**

Organization

National Affairs - Proceedings - Programs - Society Notices - News - Auxiliary

COLORADO
State Medical Society

GOLF TOURNAMENT
Colorado Springs, September 20, 1950

Some fifty players participated in the tournament with the following results. Low gross and winner of the President's trophy donated by Dr. Fred A. Humphrey was Dr. Stanley K. Kurland of Denver, Colorado. Runner-up was a tie between Dr. B. W. Muir of Denver and Dr. S. B. Childs, Jr, likewise from Denver. Suitable trophies have been mailed to these gentlemen. Low net and custodian of the Medical Society trophy for one year was Dr. S. C. Duhon of Boulder, Colorado. Runners-up were Dr. H. I. Barnard, Denver; Dr. L. I. Penix, Denver, and Dr. R. M. Morrell, Fort Collins.

The accuracy contest was won by Dr. John M. Nelson of Denver, Colorado.

COLORADO STATE BOARD OF MEDICAL EXAMINERS

The following physicians were granted licenses to practice medicine in this state at the meeting of this Board October 3, 1950:

Vernon Krueger Anderl, M.D., 3705 E. Colfax Ave., Denver, Colorado.
Doris May Benes, M.D., Haxtun, Colorado.
Robert Graham Bosworth, Jr., M.D., 6315 12th Ave., Denver, Colorado.
Frederick Harmon Brandenburg, M.D., 3705 East Colfax Ave., Denver, Colorado.
Scott Peters Christensen, M.D., 1429 S. Logan St, Denver, Colorado.
Hamilton Seymour Davis, M.D., 1216 Texas Ave., Grand Junction, Colorado.
Charles Grover Gabelman, Jr., M.D., Box 297, Hines, Illinois.
Lewis Andrew Kidder, M.D., 1711 15th Ave., Greeley, Colorado.
Eugene James Knopf, M.D., 1110 S. St. Paul St., Denver, Colorado.
Frank Anthony Kopecky, Jr., M.D., 4200 E. 9th Ave., Denver, Colorado.
Raymond Ray Lanier, M.D., 4955 Larkspur St.-Bow Mar, Littleton, Colorado.
Virginia Singleton Lanier, M.D., 4955 Larkspur St. Bow Mar, Littleton, Colorado.
Harry Maxwell McCormick, M.D., 5555 W. 16th Ave., Denver, Colorado.
Kenneth Wolfgang Olshausen, M.D., 57 Dwight St., Brookline, Massachusetts.
Lawrence Westcott Roessing, Jr., M.D., 1750 E. 19th Ave., Denver, Colorado.
Jonas Samuel Rosenberg, M.D., 1575 Gilpin St., Denver, Colorado.
John Robert Spencer, M.D., 1245 3rd Ave., S.W., Rochester, Minnesota
Frederick David Staab, M.D., Emmetsburg, Iowa.
James Donald Watson, M.D., 4501 W. 72nd St., Missouri, Kansas.
Arthur Justin Williams, M.D., 450 Sutter St., San Francisco, California.

Auxiliary

THE PRESIDENT'S MESSAGE

Members of the Auxiliary to the Colorado State Medical Society: Through the courtesy of the Rocky Mountain Medical Journal, your President is provided with a convenient medium of extending greetings to the members of the Auxiliary and to wish them a successful year in carrying on its activities.



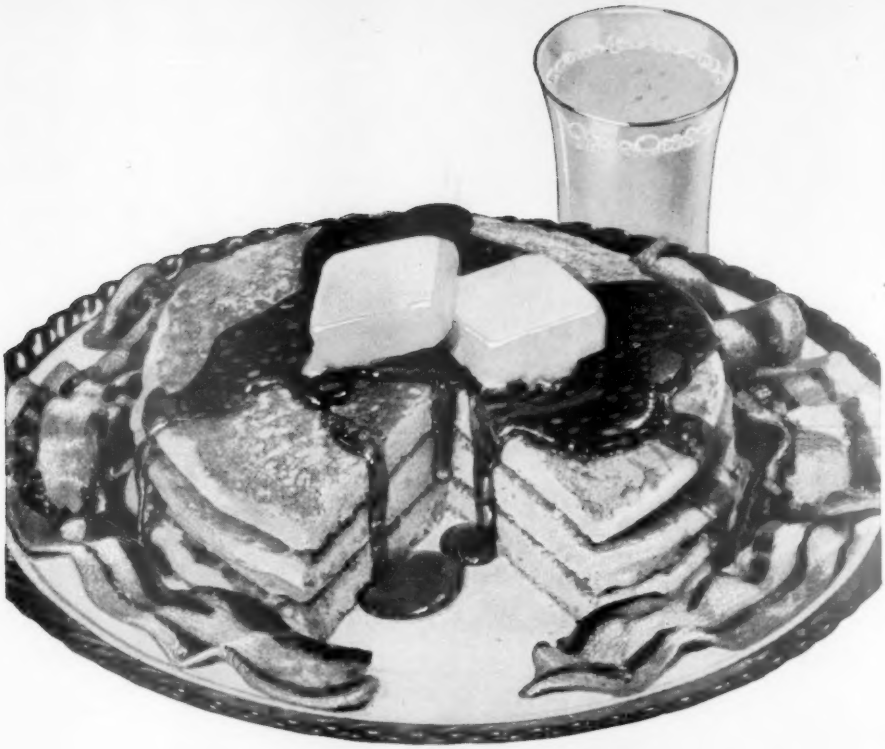
MRS. HARRY GAUSS

Your President feels highly honored in being elected to this office. However the honor carries with it a responsibility to measure up to the aims and purposes of the society. The program of the Auxiliary could easily become a task which could tax the energies of one person; but we are fortunate in having in our organization an excellent cooperative membership, willing to share in carrying on the work of the group. The members have demonstrated this cooperative spirit by accepting important places of responsibility on the State Board as well as in their county units. In this manner, they make it possible for the Auxiliary to carry on its program in an efficient manner and to perform the duties required by the several projects which have been undertaken by the society. Some of these are already under way, others are being considered for immediate action.

At the meeting of the Woman's Auxiliary to the American Medical Association, which was held in San Francisco, Calif., and again at our own state meeting held in Colorado Springs, Mrs. Arthur A. Herold, our National Auxiliary President, outlined some of the objectives of our society and pointed out wherein we, as a local unit, can assist in the hopes and aims of the medical profession.

First, it is important that we bring into our organization every eligible doctor's wife, thereby increasing our strength to carry on our work. Fortunately in this, we are being aided by the splendid publicity program which is being carried on currently by the National Education Campaign of the American Medical Association. This will undoubtedly stimulate increased interest in the Auxiliary and will help to attract new members. The old adage still holds true, that "nothing succeeds like success."

Next, the National Education Campaign is presenting to the American people the truth regarding the menace and dangers of the welfare state, which if allowed to develop will lead to the loss of our cherished liberties. These are no idle words; neither is this campaign an easy task to execute even for a well trained, strong and well prepared organization like the American



A Real American Breakfast

That a nutritious breakfast providing generous amounts of high quality protein prevents late morning hypoglycemia has been amply demonstrated. As shown by Thorn and co-workers,[1] and later confirmed by Orent-Keiles,[2] "... breakfast high in protein and low in fat and carbohydrate was followed by an improved sense of well-being and no symptoms of hypoglycemia."

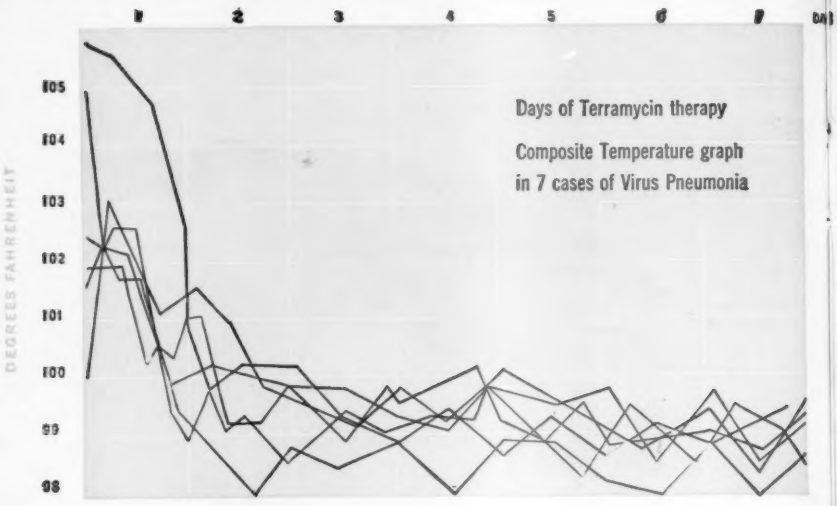
Meat for breakfast—ham, sausage, bacon, breakfast steaks—is an appetizing means of increasing the protein content of the morning meal. Its biologically complete protein contains all essential amino acids, and serves well in complementing less complete proteins from other sources. Furthermore, muscle meat is an outstanding source of B complex vitamins and of iron.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

(1) Thorn, G.W.; Quinby, J.T., and Marshall, C., Jr., Ann. Int. Med. 18:913 (June) 1943.
(2) Orent-Keiles, E., and Hallman, L. F., Circular No. 827, United States Department of Agriculture, Bureau of Human Nutrition and Home Economics, Agricultural Research Administration, Dec., 1949.

American Meat Institute
Main Office, Chicago... Members Throughout the United States

PRIMARY ATYPICAL VIRUS PNEUMONIA



CRYSTALLINE

Terra



"Prompt fall in temperature occurred in every patient within thirty-six hours after the first dose of terramycin, and in no case was there a febrile relapse."

"Demonstrable clinical improvement was usually evident within a few hours after institution of therapy."

Melcher, G. W.; Gibson, C. D.; Rose, H. M., and Kneeland, Y.: J. A. M. A. 143:1303 (Aug. 12) 1950

Pfizer

"Excellent" and "prompt" response

"The response to terramycin therapy was considered excellent in every case, and there were no cases in which treatment failed."

Melcher, G. W.; Gibson, C. D.; Rose, H. M., and Kneeland, Y.: J. A. M. A. 143:1303 (Aug. 12) 1950.

Dosage: On the basis of findings obtained in over 150 leading medical research centers, *2* Gm. daily by mouth in divided doses q. 6 h. is suggested for most acute infections.

Supplied: 250 mg. capsules, bottles of 16 and 100;
100 mg. capsules, bottles of 25 and 100;
50 mg. capsules, bottles of 25 and 100.

mycin

HYDROCHLORIDE

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Terramycin may be highly effective even when other antibiotics fail.[1]

Terramycin may be well tolerated even when other antibiotics are not.[2]

1. *Blake, F. G.; Fricu, G. J., and Wagner, R. R.; Yale J. Biol. and Med. 22:495 (July) 1950.*
2. *Herrell, W. E.; Heilman, F. R.; Wellman, W. E., and Bartholomew, L. A.: Proc. Staff Meet. Mayo Clin. 25:183 (Apr. 12) 1950.*

CHAS. PFIZER & CO., INC. *Brooklyn 6, N. Y.*

Medical Association. There are many obstructionists in our midst who would sell their birthright of freedom for a mess of porridge labeled "security." Millions of Europeans have realized this painful lesson too late. They are paying a terrible price for their gullibility. As an auxiliary we can do much to assist in this program of defending our liberties. Both individually and collectively we can carry the gospel of truth in defending our heritage of freedom wherever we may happen to be.

If some of us are not prepared to discuss this publicly, we can start by forming small study groups to acquaint ourselves with the twelve point program of the American Medical Association for the advancement of medicine and public health.

Next, "Today's Health," formerly called "Hygeia" is the health magazine published by the American Medical Association for the information of the public in matters of public and personal health. We can do our bit by subscribing individually for this magazine and after reading it, pass it on to a neighbor. In this manner we acquaint ourselves with the important developments in medicine, and we can also aid the public to become acquainted with the latest information in the field of medicine.

The Bulletin of the Woman's Auxiliary to the American Medical Association is the official publication of the Auxiliary. It carries useful information for the members, aiding them to become acquainted with the purposes and aims of the Auxiliary. One dollar mailed to Mrs. Waldapfel of Grand Junction, Colo., will bring this publication to the subscriber for one year.

The Health Education Committee of our Auxliary held its first meeting of the year in Denver on the third of October. The committee decided to continue its program of nurse recruitment and grants to student nurses. They believe that in this manner, they are aiding the cause of public health. They are also considering certain other public health measures. One of these is concerned with the problem of stream pollution. Recently there has been started within our state the "Clean Stream Campaign." This is a worthy cause and merits our wholehearted cooperation and support.

On November second, your President and President-elect will attend the 1950 Presidents Conference to be held in Chicago. This will provide your officers with an opportunity to become acquainted with and participate in the discussions of the National Auxiliary and to learn first hand how the several state societies are solving their local problems.

Dr. Ervin A. Hinds, President of the Colorado State Medical Society for 1950-51, has appointed Drs. Irvin E. Hendryson, Wiley Jones, and McKinnie Phelps of Denver as the Advisory Committee to the state Auxiliary. We are grateful to these busy doctors for their help and cooperation.

In closing, may your President take the privilege of suggesting that we enlarge the scope of our individual activities to include the several organizations of each particular community wherever problems of public health come up for discussion, and to participate in their deliberations.

The fight for good health goes on! It is never finished. The fight for freedom goes on! It also is never finished. Eternal vigilance against false doctrines and false prophets is the order of the day!

Let us gather at the mid-year conference to be held in Denver on February 22nd and 23rd, and report our progress in the fight for good health and for the preservation of our freedom.

Sincerely,
MRS. HARRY GAUSS, President.

WOMAN'S AUXILIARY

The Twenty-Eighth Annual Convention of the Woman's Auxiliary to the Colorado State Medical Society was held in Colorado Springs, Thursday and Friday, September 21 and 22, at the Broadmoor Hotel. Election of officers was held September 22 and Mrs. Harry Gauss of Denver was elected President for the coming year. Mrs. Gauss is a Past President of the Denver County Medical Auxiliary.

Other officers elected are: Mrs. F. I. Nicks, Colorado Springs, President-Elect; Mrs. R. F. Courtney, Burlington, First Vice President; Mrs. Robert F. Maul, Denver, Second Vice President; Mrs. D. W. Boyer, Pueblo, Third Vice President; Mrs. R. L. Davis, La Junta, Fourth Vice President; Mrs. S. P. Esposito, Englewood, Treasurer; Mrs. Jackson L. Sadler, Fort Collins, Recording Secretary; Mrs. John Simon, Jr. Englewood, Corresponding Secretary; Mrs. John C. Wiedenmann, Englewood, Auditor; Mrs. L. E. Thompson, Boulder, Parliamentarian; Mrs. Lawrence T. Brown, Denver, Custodian of Files; and Mrs. H. H. Zeigel, Collbran, Historian.

Standing Committee Chairmen appointed are: Mrs. Thomas E. Atkinson, Greeley, one-year term to the administration of the Emergency Benevolent Fund; Mrs. Howard H. Heuston, Boulder, two-year term to the administration; Mrs. Kenneth Sawyer, Denver, three-year term.

Mrs. R. Waldapal, Grand Junction, Bulletin; Mrs. John B. Farley, Pueblo, Health Education Chairman, with Mrs. A. A. Wearner, Denver, and Mrs. Homer B. Catron, Englewood, and Mrs. Theodore E. Heinz, Greeley. Mrs. Fred D. Kuykendall, Eaton, Nurse Recruitment; Mrs. Paul Dwyer, Denver, Finance; Mrs. L. Clark Hepp, Denver, Today's Health; Mrs. McKinnie L. Phelps, Denver, Legislative; Mrs. R. F. Courtney, Burlington, Organization; Mrs. C. F. Eakins, Brush, Philanthropic; Mrs. J. S. Haley, Longmont, Program; Mrs. John B. Grow, Denver, Public Relations; Mrs. Russell John Evans, Denver, Press and Publicity; Mrs. Harry Baum, Denver, Social; Mrs. A. W. Mayer, Jr., Denver, Chairman of the Year Book, with Mrs. J. Leonard Swigert and Mrs. Gerald S. Maresh of Denver, assisting.

MRS. RUSSELL JOHN EVANS,
Press Chairman, 3303 East Evans Avenue.

COLORADO
State Health Department

LICENSURE OF BCG VACCINE*

On July 12, the Public Health Service licensed the Research Foundation and the University of Illinois for "manufacture, exportation, importation and sale" of BCG. Until now, licensure of the product has awaited manufacture in accordance with certain requirements. In view of the divergence of opinion about this biological product, it seems in order to consider the significance of such action. It means that the vaccine produced by the licensed laboratory has been found

Nothing Competes with the Lure of Sweets





Use it in Sulfonamide Therapy

● Reactions ranging from mild antagonism to overt rebellion are to be expected when children are confronted with bad-tasting medicine. Contrast this with juvenile enthusiasm for DUOZINE *Dulcet* Tablets. Here's medicine that sweets-loving small fry (and many adults) really enjoy—sulfadiazine-sulfamerazine disguised in orange-colored, candy-flavored cubes. Mothers find DUOZINE *Dulcet* Tablets easy to administer in exactly the prescribed dosage. You'll find them effective in many systemic infections. The combined sulfonamides are independently soluble in the urine, with the result that high blood levels can be maintained with small likelihood of crystalluria and renal damage.

DUOZINE *Dulcet* Tablets, sulfadiazine-sulfamerazine in equal parts, are available in 0.3-Gm. and 0.15-Gm. potencies, bottles of 100. Mighty "take-able" medication when sulfonamides are indicated. Abbott





See that the Rx reads



DUOZINE Dulcet® Tablets

TRADE MARK

(SULFADIAZINE-SULFAMERAZINE COMBINED, ABBOTT)

®MEDICATED SUGAR TABLETS, ABBOTT

safe by trial with animals, that it is free from contaminating substances, and that it will produce a satisfactory immediate reaction in animals and human beings when used within the prescribed time limit. Thus, the vaccine may enter interstate commerce and will be available to health officers and clinicians who wish to use it as a protective measure against tuberculosis.

In those places of the world where tuberculosis is a national emergency and where prosecution of the usual control methods is impossible, it is understandable that BCG has been given extensive application. In this country, where we are not faced with the same deficiencies, the medical profession for the most part has not advocated the widespread usage of the vaccine. The Council on the Management and Treatment of Diseases of the Chest, reporting for the American College of Chest Physicians, has recommended that the use of BCG vaccine be restricted to controlled studies.[1] The American Trudeau Socity[2] recommends that the use of BCG be limited to groups especially exposed to the risk of tuberculous infection.

The Public Health Service, like others concerned about tuberculosis, would welcome any agent which would prevent the personal tragedy and public health problem of tuberculosis. But it has not yet been conclusively demonstrated that BCG is such an agent. Moreover, efforts to find more stable and suitable immunizing agents are going forward. Indiscriminate use of BCG here could, we believe, not only negate its potential future application but might divert attention from the control activities which are serving the Nation well and which, under the circumstances prevailing in the United States, could lead to the virtual eradication of tuberculosis. It is our feeling that we must be very careful not to imperil the gains we are making with proved control methods, and must not relax in any area the pursuit of case finding and treatment to care for the sick and to protect the well.

If the use of BCG in the United States is to contribute more information than has been gained in almost thirty years of use elsewhere, vaccination programs must be carefully planned. It would be desirable if State and local health departments which are immediately responsible for tuberculosis control were to develop plans for the use of the vaccine in their jurisdictions and keep records of those who are vaccinated. A beginning has been made in Wisconsin where the State Health Department has reviewed all requests for the vaccine desired from research laboratories, and in New York where the State Department of Health has manufactured BCG vaccine and has kept records of persons in the State who were vaccinated.

We feel that BCG vaccination campaigns are not indicated in this country where tuberculosis morbidity and mortality rates are relatively low.[3] It is our recommendation that vaccination be limited to those persons who are particularly vulnerable to exposure. These include:

1. Those physicians, nurses, laboratory workers, hospital employees, and others who are exposed by occupation.

2. Those individuals or groups exposed to continued contact with tuberculosis.

3. Patients, inmates and employees of institutions, such as mental hospitals and prisons, in which case-finding programs indicate that exposure to tuberculosis is likely to be high.

REFERENCES

[1]Joint Meeting of Council on the Management and Treatment of Diseases of the Chest and Council on Public Health of American College of Chest Physicians, San Francisco, June 22, 1950.

[2]ATS Statement on BCG. Am. Rev. Tuberc., 60:681-682 (1949).

[3]Anderson, Robt. J., and Palmer, Carroll E.: BCG, J.A.M.A., 143:1048-1051 (July 22), 1950.

*The above editorial is reprinted from the August 4, 1950, issue of Public Health Reports.

NEW MEXICO Medical Society

Obituaries

LINCOLN S. HEMMINGS

Lincoln S. Hemmings, M.D., Bernalillo, died of coronary thrombosis in an Albuquerque hospital Septmeber 30.

Dr. Hemmings was born in 1889, and graduated from the University of Wooster, Cleveland, Ohio, in 1914. Dr. Hemmings came to Bernalillo from Cleveland where he had practiced for ten years. He had practiced in Bernalillo for twenty-seven years.

Dr. Hemmings was a life member of Ballut Abyad Shrine Temple, a member of Temple Masonic Lodge No. 6 in Albuquerque, a member of the Scottish Rite at Santa Fe, and a member of the New Mexico Medical Society.

HAROLD D. CORBUSIER

Harold Dunbar Corbusier, M.D., Santa Fe, died August 31, following an illness of several months.

Dr. Corbusier was born in Camp Date Creek, Arizona, January 14, 1873. He received his B.S. and M.D. degrees at the University of Michigan in 1899. Later he took postgraduate courses in orthopaedic surgery in New York, Boston, Vienna, Paris, London and Liverpool.

Dr. Corbusier came to Santa Fe in 1937 after a notable career in the Army, having served in four campaigns: 1900 China relief expedition; 1902 Philippine campaigns; 1916 Mexican border campaign, and 1917 World War I. Promoted to full colonel, he was discharged September 14, 1918.

Among his activities Dr. Corbusier organized committees for care of poliomyelitis and was consultant in orthopaedic surgery to various hospitals and was a member of rehabilitation committees for the veterans bureau, American Legion, and also medical examiner for reserve officers ROTC and the civilian military corps.

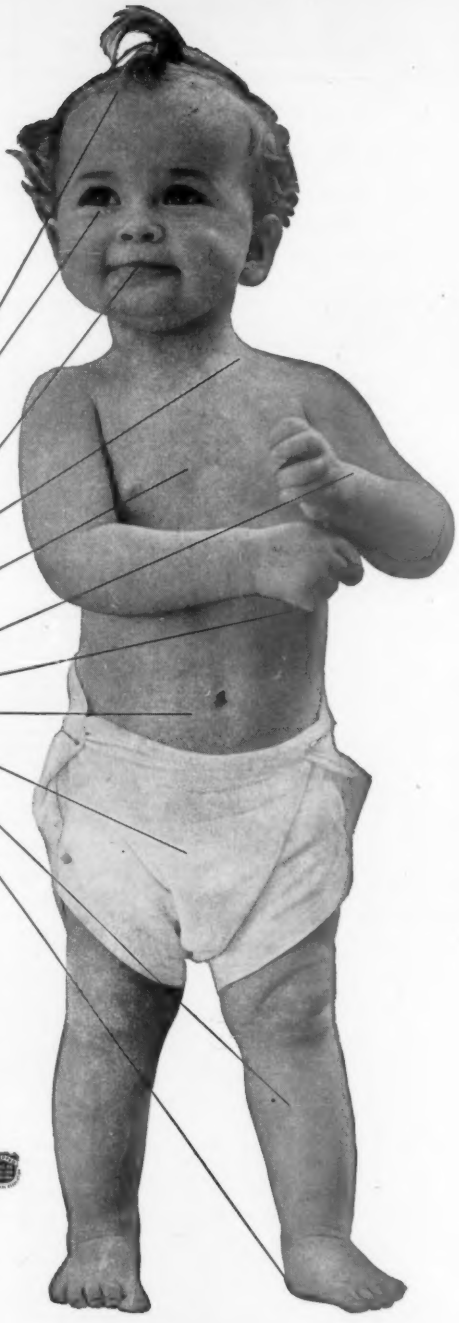
As an author, among other studies, Dr. Corbusier wrote "Effects of Sunlight on the Human Body," and "Military Headgear," the latter for use of troops in the tropics. He also designed an army canteen, soldier's shoe, and several surgical instruments.

In 1929 he was a delegate from the United States to the International Congress of Arthritis; he was chief delegate in 1933 to a congress on military medicine in Madrid and also at the same congress in Brussels in 1935.

He was a member of the New Mexico mounted patrol, Fiesta Council, County and State Medical Society, Veterans of Foreign Wars, vice president of the Association of Military Surgeons of the United States and president of the Academy of Physical Medicine of the United States.

from *head* to *toe*

CEREVIM-fed children showed greater clinical improvement, in the following nutrition-influenced categories, than children fed on ordinary unfortified cereal or no cereal at all:[1]



Here's why: CEREVIM is not just a cereal.

Much more: CEREVIM provides *8 natural foods:* whole wheat meal, oatmeal, milk protein, wheat germ, corn meal, barley, Brewers' dried yeast and malt – PLUS added *vitamins* and *minerals.*

CEREVIM

CEREALS + VITAMINS + MINERALS

1. "A Study of Enriched Cereal in Child Feeding" Urbach, C., Mack, P. B., and Stokes, Jr., J: Pediatrics 1:70, 1948.

*Cerevim contains neither vitamin A nor C but possibly exercises an A-and-C sparing effect attributed to its high content of protein and major B vitamins.

SIMILAC DIVISION M & R DIETETIC LABORATORIES, *Columbus 16, Ohio*

UTAH
State Medical Association

MINUTES

FIFTY-SIXTH ANNUAL MEETING

House of Delegates of the Utah State Medical Association

SALT LAKE CITY, SEPT. 6, 1950

President Jenson called the meeting to order in Room 104 of the Physical Science Building at the University of Utah, September 6, 1950, at 2:00 p.m.

He asked for the roll call which showed 71 officers and delegates present, certified to by the Credentials Committee as being entitled to their places.

President Jenson then called for the approval of the minutes of the Fifty-Fifth Annual Meeting which had been published in the Rocky Mountain Medical Journal in November, 1949. On motion of Dr. Olson, duly seconded, the minutes were approved as published.

President Jenson then delivered his address to the Delegates.*

Dr. George Fister, Delegate to the A.M.A., was called upon and made his report as follows:

At the meeting in San Francisco, the theme was a good deal along the lines of the President's talk here. The presidential addresses were all very much that we should support a voluntary health insurance plan of some type and do all we can to combat any form of state medicine. I recommend that you read particularly Dr. Iron's presidential address; it was really a masterpiece.

With a total registration of 23,655, the American Medical Association closed a successful meeting in San Francisco. It was the largest attendance of any American Medical Association meeting held in San Francisco. In 1946 the attendance was 7,655.

The House of Delegates also had a very successful meeting. The House was in session from Monday, June 26, to Thursday, June 29. All of the meetings were well managed by Speaker of the House F. F. Borzell. The sessions were orderly, there being very little legislation of a debatable character.

This report is short because the entire proceedings of the House of Delegates has appeared in the American Medical Association Journal for July 15, 22 and 29, 1950, and time will not permit, nor does it appear necessary to go into detail on all the work done by the delegates. You will be well repaid, however, if you take time to read the printed reports in the A.M.A. Journal.

There were introduced into the House of Delegates 170 resolutions or pieces of business. Some of those overlapped in thought, but they all required and received some action by the House.

(1) The report of the Committee on General Practice stressed, among other recommendations, the following:

"(a) That an insufficient number of general practitioners are being trained to fill the basic needs for adequate care for the American people, and that there is still an over-emphasis on the training of specialists.

"(b) That the various specialty boards give reasonable credit to the time spent in training and experience in the years of general practice toward eligibility for board examination and certification when such certification is sought.

"(c) The Committee commends the House of Delegates of the American Medical Association for its stand regarding the integration of general practitioners into hospital staff organization."

(2) Student American Medical Association:

"(a) The House of Delegates passed a resolution submitted by the Board of Trustees for the formation of a Junior American Medical Association. The organization is to be limited to medical students, the student organization to hold an annual convention and the national convention shall elect two representatives to the American Medical Association House of Delegates (to serve without votes). The Delegates also accepted the report and investigation of the Council on Medical Education and Hospitals on the Association of Interns and Medical Students, and the Student's Union."

(3) The House adopted the controversial and much discussed report of the Committee on Hospitals and the Practice of Medicine (the so-called Hess Report). This report is aimed at taking hospitals or other corporations out of the practice of medicine. The Committee made the following suggestions:

"(a) That any controversy between physicians and hospitals managements be resolved inasfar as possible at the local level.

"(b) It was recommended that each component County Medical Society and each State Association appoint a Committee on Hospital and Professional Relations.

"(c) The Secretary's office of the American Medical Association is now preparing a comprehensive analysis of the action of the House on this matter, and it should be published in the Journal soon."

(4) A very excellent and detailed report was presented by the Committee on Blood Banks. The House authorized the Committee on Blood Banks to prepare a suitable standard for certification of blood banks and submit the same to the House at its next meeting for approval. The survey showed that 1,636 blood banks and centers are in operation in the United States.

(5) The report of the Committee to study medical care in England under the National Health Service was presented, and approved, by the House of Delegates. One member of this Committee, Dr. U. R. Bryner from Salt Lake City, will present this report later, and I shall only quote from the latter paragraph of the report:

"Sad as is the state of the practitioner of medicine in Britain, the plight of medicine itself is more serious, but what is most to be deplored is the present and future effort on the quality of medical care received by the English people."

These two reports I shall leave with our Secretary for future reference.

(6) The Reference Committee on Legislation and Public Relations urged adoption of a resolution which opposed subsidization of medical education. The Reference Committee report said, "On the basis of the broad general principle established by the Supreme Court in 1942, that the Government may regulate that which it subsidizes, the Committee believes that any bill providing federal subsidization for Medical Education will be detrimental to Medical Education."

In view of the above quotation and the report of the Committee on Britain's National Health program, it should be of great interest to every member of the Utah State Medical Association to read Senate Bill 1679, introduced on August 10, 1950, by Utah's Senator, Mr. Thomas. This bill, according to the title, is "to provide a program of National Health Insurance and public health, and to assist in increasing the number of adequately trained professional and other health personnel, and for other purposes."

This bit of legislature is but the old "Wagner-Murray" Bill with the enticing loophole of help to medical schools. Opposition, action and votes, should be our answer. The American Medical Association, with its national education campaign, will continue to conduct a drive in behalf of voluntary health insurance and against compulsory health insurance, and doctors here and throughout the nation should execute their rights as American citizens and campaign actively for candidates whose convictions are on sound American principles, and should just as actively oppose those men in public life who support the philosophy of socialization.

Dr. Elmer Henderson was installed as President of the American Medical Association, and his address was broadcast over two national networks.

Dr. Ernest E. Iron was the retiring President, and Dr. John W. Cline of San Francisco was made President-Elect. Dr. George F. Lull was elected to serve as Secretary.

Upon motion of Dr. L. B. White, duly seconded, the report of the Delegate to the American Medical Association was unanimously accepted.

The President then called for the report of the Treasurer. Dr. L. J. Paul, Treasurer, reported as follows:

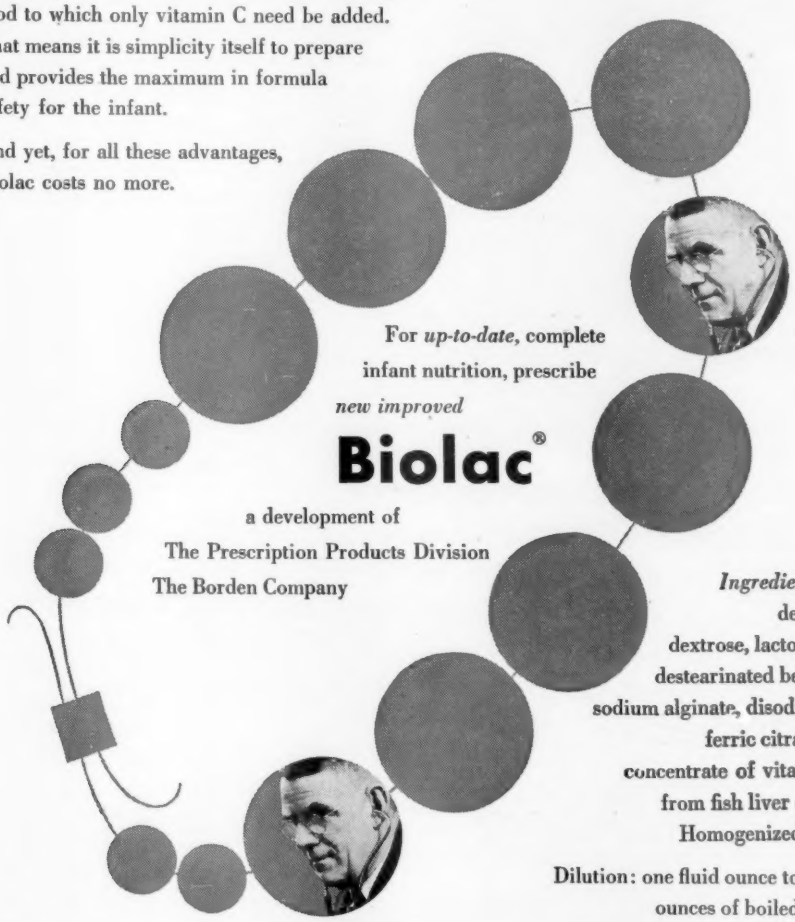
*Published in this issue; see Page 833.

more physicians are satisfied

The development of the new improved Biolac supplies a long-sought need in infant nutrition. To accomplish this, Borden scientists surveyed our present nutritional knowledge. They then tested more than 500 formulations. Having decided on the formula that would best supply the normal infant's nutritional requirements in their most assimilable form, a modern plant was constructed in 1949 so that the new formula could also benefit from the most up-to-date techniques and control in processing equipment. A Biolac formula that is both new and improved is thus made available.

Biolac is intended for prescription by every physician with infants among his patients. It satisfies the physician's demand for a complete food to which only vitamin C need be added. That means it is simplicity itself to prepare and provides the maximum in formula safety for the infant.

And yet, for all these advantages, Biolac costs no more.



For *up-to-date,* complete infant nutrition, prescribe *new improved*

Biolac®

a development of
The Prescription Products Division
The Borden Company

Ingredients: skim milk, dextrins-maltose-dextrose, lactose, coconut oil, destearinated beef fat, lecithin, sodium alginate, disodium phosphate, ferric citrate, vitamin B_1, concentrate of vitamins A and D from fish liver oils, and water. Homogenized and sterilized.

Dilution: one fluid ounce to one and a half ounces of boiled water for each pound of body weight.

Biolac is available in 13 fluid ounce tins.

The Borden Company, Prescription Products Division
350 Madison Avenue, New York 17

Rocky Mountain Distributor: L. E. CLARK, 4882 Elm Court
Denver 11, Colorado **Telephone GRand 5611**

The condensed statement of the Utah State Medical Association from the Annual Audit August 18, 1949, to July 31, 1950, is a part of this report and as you have all received it, I think it will be unnecessary for me to read over those items and figures again.

This report as Treasurer includes the report of the Special Committee appointed at the direction of the House of Delegates last year for the consideration of a fiscal policy and the matter of dues for the succeeding year.

It has, indeed, been a source of great pleasure and very educational for me to serve as a member of the Council of the Utah State Medical Association. There have been many meetings and free discussions of every item of business. The President has never stacked the cards and no "yes" men have been present or our meetings would not have averaged from 2½ to 3½ hours.

Our financial status has shown great increase for several years and of course our expenses have also increased, but to a lesser degree. Hence, when the Special Committee, Drs. I. B. McQuarrie, Ogden, Utah; Russell Smith, Provo, Utah; Jas. R. Miller, U. R. Bryner, and L. J. Paul, Salt Lake City, Utah, appointed by President Jenson, met to prepare suggestions for an annual fiscal policy and budget for 1951, we felt pleased that our Association was strong financially.

We all feel that our financial reserves should not be excessive yet sufficient for reverses and unexpected expenditures. Therefore, the proposals made in our Fiscal Policy and Budget are moderate and can be increased if you so desire without impairing the Association's ability to close the next fiscal year with a cash balance on hand as has been the case for several years past.

The Condensed Statement from the Annual Audit, August 18, 1949, to July 31, 1950, was sent to each of you for study and, as I mentioned in the beginning, it made a part of this report. A copy will be attached.

The State Association had 539 dues paying members of our 624 on record this year. Of these 464 are under 45 years of age, therefore a few of them may go into Military Service. We believe, however, that our income from dues should equal or exceed the $27,687 for 1950 because the new applications far exceed in number those who have passed age 65 or are likely to leave the Association during the year for military service, postgraduate courses or death. The cash balance July 31, 1950, $17,484, brings our total anticipated cash for 1951 to $45,171.

With such a favorable financial outlook and with the firm belief of your committee that our reserves should not be built up excessively during 1951 and subsequent years, we suggest for your approval:

1st, that the dues of the Utah State Medical Association for 1951 be reduced from $50.00 to $40.00 per annum.

2nd, that a Benevolent Fund, using at least $5,000 of our present surplus be established for rendering assistance to any of our members or their families who are or may be in need or become in need. Further, we suggest that $1,000 from our cash on hand at the end of each fiscal year beginning July 31, 1950, be added to this Benevolent Fund.

3rd, that a Benevolent Fund Committee of five members be elected by the House of Delegates to administer this fund, and to formulate rules and regulations to govern the activities and duties of the Benevolent Fund Commi'tee members, which shall be presented to the 1951 House of Delegates for action. The five members of this committee chosen by highest vote shall serve 5-4-3-2-1 year terms. Each succeeding year vacancies occurring by expiring term or death shall be filled by those receiving highest number of votes in the same manner.

4th, that there be established a "Permanent Employee's Retirement Fund" using $1,000 of our present surplus to which shall be added $1,000 from the cash balance each year beginning July 31, 1950. This fund to be administered by and under the rules and regulations formulated by the Benevolent Fund Committee after approval by the House of Delegates.

5th, that a Budget Committee be appointed each year by the President of the Association to prepare an estimated budget for the succeeding year and to suggest pertinent changes in fiscal policy to the House of Delegates for appropriate action.

The following is an estimated budget which your committee feels will suffice for the anticipated expenditures:

Anticipated income from dues	$27,687
Cash balance July 31, 1950	17,484
	$45,171

This is the cash balance, as you remember, following the Association's purchase of $35,000 in Government bonds.

Disbursements anticipated:	
Salaries	$ 5,500
Office expense	4,000
Annual audit	200
Subscriptions	1,500
Dues	3,500
Travel	2,500
Benevolent Fund	1,000
Perm. Empl. Retirement	1,000
Convention	1,000
Contributions	1,600
Research and Medical Library	2,500
Total	$24,300

Respectfully submitted by your Committee.

The report of the auditing company, the Goddard Abbey Company, Certified Public Accountants, is here and will be attached to this report also.

The Report of the Treasurer was referred to the Reference Committee on Medical Economics and Membership.

The President then called for miscellaneous business to be introduced from the floor.

Dr. M. L. Allen requested to know if the resolution passed by the House of Delegates a year previously and sent to the A. M. A. for consideration, condemning the practice of hospitals in proselything private ambulatory patients to come to their institutions for x-ray studies, was still in force and effect or whether that was disposed of by the Hess Committee report.

Dr. Allen was informed that the resolution died when the Hess Report was brought out by the House of Delegates of the A. M. A. and it was therefore suggested that if in the opinion of Dr. Allen and others, the Hess Report was not adequate then it would be necessary for the House of Delegates to enact another resolution to be presented by the Delegate from the Utah State Medical Association to the House of Delegates of the A.M.A. at its next session.

Dr. Peltzer presented the following resolution passed by the Physicians Veterans Association:

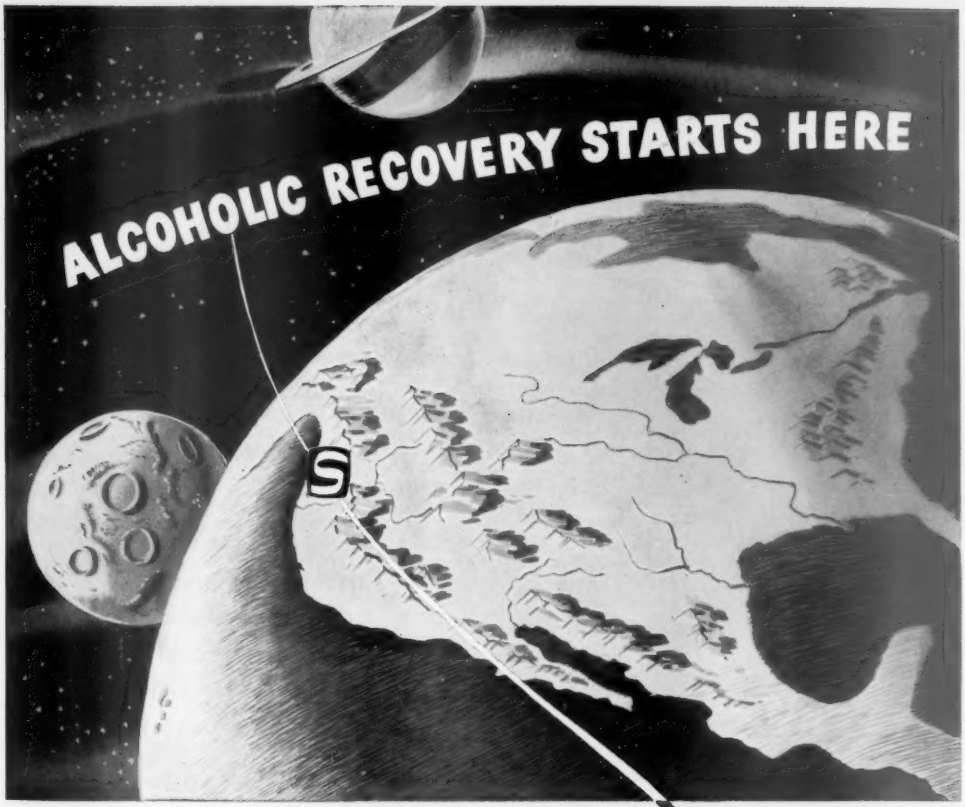
Resolution

"I. A resolution is proposed that the Utah State Medical Association go on record as supporting H. R. 9536 and legislation now in Combined Committee of the Congress of the United States, as proposed by the American Medical Association for the procurement of physicians for the armed services;

"II. It is proposed that the result of a vote of the House of Delegates of the Utah State Medical Associaion be made a matter of permanent record in the minutes of the Association as well as forwarded to the American Medical Association;

"III. It is proposed that the resolution above and the recorded vote of the House of Delegates of the Utah State Medical Association thereon, be forwarded to the Committee for Procurement and Assignment of the State Associaion."

The Executive Secretary was requested tc summarize the principles of law upon which the resolution above was based. He stated that the laws passed by the Senate and House, which were sent to Committee to reconcile certain minor variations and conflicts between the Senate and House versions, provided for the calling up in order of those men trained under the A. S. T. P. and V. 12 programs and those who have not served for 21 months in the Armed Forces. It further makes some provision for calling up of men deferred as essential in the last war or deferred on account of physical conditions. Mr. Tibbals advised that it was proposed to make less stringent the physical conditions inasmuch as it would not be required that men have the physical qualifications required for front line duty.



Since its origin in 1935, Shadel Sanitarium has devoted its entire efforts to the treatment and rehabilitation of alcoholics. Due to their development and constant improvement of treatment by conditioned reflex and adjuvant methods, Shadel Sanitarium has returned thousands of alcoholics to normal living.

Our object is cooperation with the family physician to map out a definite path of recovery for the patient.

SHADEL SANITARIUM • SPECIALISTS IN THERAPY FOR CHRONIC ALCOHOLISM BY THE CONDITIONED REFLEX AND ADJUVANT METHODS

Shadel SANITARIUM

Recognized by the American Medical Association • Member of the American Hospital Association

7106 Thirty-fifth Avenue Southwest, SEATTLE 6, WASHINGTON, WEst 7232 • Cable Address: REFLEX

Dr. Jenson reported that there had been a demand for only five doctors to date from the Sixth District for military service which included the State of Utah.

The motion of Dr. Peltzer that his resolution be accepted was duly seconded.

Dr. Roy B. Hammond proposed an amendment that the resolution be sent to the State Procurement Committee for their guidance in the procuring of doctors.

The amendment was accepted by Dr. Peltzer and motion as amended passed unanimously.

There being no further miscellaneous business introduced, President Jenson called for the report of the Reference Committee on Constitution and By-Laws, the Chairman of the Committee being Dr. O. W. Budge of Logan, Utah.

Dr. Budge reported as follows:

"The members of this Committee consist of Dr. James P. Kerby, Dr. Chas. Ruggeri, Dr. L. H. Merrill, Dr. Wendell Thomson and myself. The topics that are to be considered are the reports of the Medical Defense Committee, the Cancer Committee, Tuberculosis and Cardiovascular Diseases Committee, the Fracture Committee and the Report of the Necrology Committee. Four members of the Committee met; the fifth one was absent. We discussed these various reports starting with the Cancer Committee Report.

"We felt that each doctor's office should be the center of cancer detection; that each individual doctor throughout the state should be acutely aware of the presence of the disease and his office should be the main cancer detection center.

"It was felt by the Committee that the Cancer Society and the component branches of the Medical Society should cooperate on these cancer detection centers and it should be more or less left up to the individual societies to decide whether they want a cancer detection center in their community or not.

"It was felt that hospitals of 50 beds or more should consider the possibility of having a cancer detection center; and that these doctors who participate in examining patients should be members of the staff and of the Society.

"They were all agreed that these examinations done at the detection centers should be thorough and complete, that many times the examinations given patients in centers where they are not equipped to give full physical examinations and follow up the examinations are incomplete and not thorough; that they should be complete. They should not give the patients a feeling of false security when they leave the examination.

"The Committee feels that the Report of the Cancer Committee was excellent and wants to commend them."

Dr. Budge moved the acceptance of the report and same was seconded by Dr. J. G. Olsen who requested that the House adopt the resolution proposed in the report.

Dr. Paul pointed out that due to limitation of funds the examinations had not been adequate for the purpose of cancer detection and that it was his feeling as well as doctors on the staff of the hospital where he practiced, that unless the examinations could be made good, thoroughly and satisfactory, the cancer clinics should be cut out.

Dr. Carlquist pointed out that in New York the costs of complete and thorough examinations totalled $6,000 for each case of cancer detected, and stated that such cost was prohibitive in the State of Utah. He stated that in his opinion the best that could be done was to continue the clinics simply as symptom clinics, that is, examining the patient having the symptom for which he has referred, and that if this action is not satisfactory the clinics should be abolished altogether.

Dr. Castleton recommended that the matter be taken up by the Utah State Medical Association with the Utah Chapter of the American Cancer Society to establish a more definite and conclusive policy with regard to physical examinations at cancer detection clinics.

Dr. Woolsey stated that he felt that the experience at St. Mark's Hospital justified the existence of the clinics for out of 200 patients that had been examined some twenty cases of positive cancer had been diagnosed. He stated that he felt that such clinics should certainly be continued and that while it was not possible to give thorough and complete examinations that nevertheless the detection of twenty cases of actual cancer out of 200 cases examined, merited the continuance of the program. Dr. Woolsey stated that in his opinion it would be a backward step in the drive against cancer if the House of Delegates forbade the operation of tumor centers in the hospitals where they are operated at the present time and stated that this report before the House, if adopted, insisting upon a thorough and complete examination of every patient who comes there, would make it impossible for the tumor centers to operate and he stated that it seemed to him that by any such action a decided disservice to the people of the State of Utah would be done.

Dr. Budge pointed out that there was a conflict as to whether the detection centers should be screening centers or whether the doctor's office should be the point where the screening was to be done and that it was not clear as to the exact disposition to be made of suspected cancer cases.

Dr. L. J. Paul stated that in his opinion the matter of thorough and complete examinations should be stricken from the report prior to approval because it was not possible in any doctor's office or in any hospital to conduct such examinations under present circumstances. Dr. Paul moved the amendment of the previous motion by the deletion of the words "thorough and complete examinations" and that such report be changed to "an examination for screening purposes which the hospital staff considers appropriate and sufficient."

Dr. Budge rejected the amendment and refused to accept the amendment to his original motion.

Dr. Paul moved the acceptance of the original amendment. His motion was duly seconded and the amendment was carried.

A vote was therefore taken upon Dr. Budge's motion as amended by Dr. Paul and the motion as amended carried.

Dr. Budge then reported upon the report of the Medical Defense Committee. It was stated that the report was excellent. He pointed out that the Committee recommended that one meeting per year in each County Society be devoted to the discussion of legal medicine. The Committee further suggested that there be a course on the subject given in the Medical School.

Dr. Budge moved that with the suggestions which he made the report of the Medical Defense Committee be accepted as printed. The report was unanimously accepted.

The report of the Tuberculosis and Cardiovascular Diseases Committee was accepted by the Reference Committee and Dr. Budge reported that the Reference Committee urged that refresher courses on cardiovascular diseases be held and suggested that it would be a proper field of endeavor for those who are specializing in cardiovascular diseases to give lectures throughout the state to the various medical societies.

Dr. Budge moved the acceptance of the report with the two suggestions stated. Motion was duly seconded and unanimously carried.

Pure Crystalline Vitamin B_{12}

The Only Form

Of This Important

Vitamin

Official In The U. S. P.

PREFERRED BECAUSE

potency, purity, and lack of toxicity of *crystalline* vitamin B_{12} are clearly established.

Potency: Potency of this U.S.P. product is accurately determined by precise weight.

Purity: Pure anti-anemia factor.

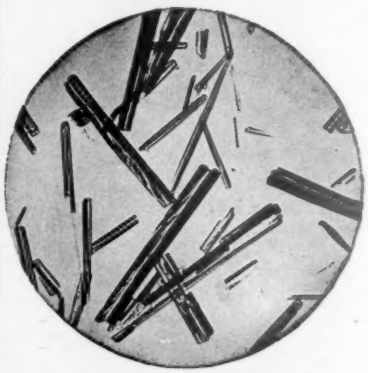
Efficacy: Produces, in microgram dosage, maximum hematologic and neurologic effects.

Tolerance: Extremely well tolerated; "no evidence of sensitivity" has been reported.

Toxicity Studies:

In recent pharmacologic investigations, extremely large doses of *crystalline* vitamin B_{12} (1,600 mg./Kg.) caused no toxic reactions in any of the animals treated. In contrast, 3 mg./Kg. of a "*concentrate*" caused fatal reactions in 100 per cent of the animals treated.

Merck—first to isolate and produce vitamin B_{12}—supplies Crystalline Vitamin B_{12} in saline solution under the trademark Cobione.* Your pharmacist stocks Cobione in 1 cc. ampuls containing 15 micrograms of crystalline vitamin B_{12}.



Crystalline Vitamin B_{12}

* *Cobione is the registered trade-mark of Merck & Co., Inc. for its brand of Crystalline Vitamin B_{12}.*

B_{12} COBIONE®

Crystalline Vitamin B_{12} Merck

MERCK

MERCK & CO., INC.
Manufacturing Chemists
RAHWAY, NEW JERSEY

New York, N. Y. • Philadelphia, Pa. • St. Louis, Mo. • Chicago, Ill. • Elkton, Va. • Danville, Pa. • Los Angeles, Calif.
In Canada: MERCK & CO. Limited. Montreal • Toronto • Valleyfield

The Reference Committee commended the Committee on Fractures for its activities during the year. Dr. Budge moved the acceptance of the report of the Fracture Committee as printed. Motion was duly seconded and motion unanimously carried.

The report of the Necrology Committee upon motion of Dr. Budge, duly seconded, was unanimously accepted.

On motion of Dr. Robert Snow, duly seconded, it was unanimously voted that all in attendance stand in silence for one minute in honor of the persons noted in the Necrology report.

The report of the Necrology Committee was read by Mr. Tibbals upon request of the President and included the following names:

J. W. Fennemore	Archibald Leslie Heuther
Clarence Christian Jensen	Royal Woodney Quick
John Waldo Hagan	Joseph L. Hansen
Warren Shepherd	Ernest Whitney Oldham
Orin A. Ogilvie	Garland H. Pace
A. Van Orman Lindsay	Wm. R. Tyndale
Andrew Jackson Hosmer	Ernest A. Weymuller
George Gill Richards	

Dr. Budge moved the acceptance of the report of the Reference Committee on Constitution and By-Laws as a whole. The motion was duly seconded and unanimously carried.

President Jenson then called for the report of the Reference Committee on Membership and Medical Economics by Dr. Matthei, chairman.

Dr. Matthei moved the acceptance of the report of the Councilor of the First District with the recommendation that the recommendations of the Councilor with reference to a walking blood bank be given further consideration and that a committee be appointed by the President to implement and attain such a goal. Dr. Matthei remarked that the necessity for such a blood bank in the event of atomic warfare was clear and he further recommended the blood typing of every individual with the tattooing of the type on the person's body.

Dr. Matthei moved the acceptance of the report of the Councilor with the recommendations. Motion was unanimously carried.

Upon motion of Dr. Matthei, duly seconded, the report of the Councilor from the Second District was unanimously accepted as submitted, with the Reference Committee reporting that it found the Councilor's report satisfactory.

On the report of the Councilor from the Third District, Dr. Matthei reported that the Reference Committee had given the report considerable study and that while the Committee sympathized and understood Dr. Oaks' Christian attitude, his integrity, his honesty and respect for medical ethics, they could not accept the Councilor's report as it stood for publication in the Rocky Mountain Medical Journal and recommended the rejection of the report.

The motion to reject the Councilor's report was duly seconded.

Dr. Kerby requested the floor to discuss the motion, stating he considered the action much too drastic inasmuch as he considered the rejection of the report of one of the older and most respected members of the Association to be disrespectful. Dr. Kerby suggested that there be a conference with Dr. Oaks so that the report might be rewritten in a manner acceptable to the House of Delegates and he therefore offered a substitute motion that the Reference Committee reconsider its action and at a later time during the meeting of the House of Delegates, submit substitute recommendations.

Dr. Oaks expressed himself as being desirous of having it made a matter of record as to the rejection or acceptance of his report and stated that he was of the opinion that the material contained in his report was true and that the Medical Profession must give careful consideration to the material which he had reported upon.

Dr. V. L. Rees stated that he considered the reasoning fallacious if it was fear of publication which caused the Committee to reject the report. He pointed out that the public was well aware of the conditions reported by Dr. Oaks and stated that in his opinion that the ignoring of the conditions in our publication did not help. He stated that if the public finds the medical profession does appreciate the fact that these conditions do exist and is giving serious consideration and thought to it and is trying to correct the conditions, that would do far more good than to withhold publication.

Dr. W. R. Young protested what he termed the accusation in Dr. Oaks' report as Councilor of the Third District, against the pediatricians and demanded that the accusation be documented or be stricken from the record.

Dr. Castleton stated that he felt that there were some features of the report which should be agreeable to the Committee and that he doubted that it was the desire of the Committee to reject every point made by Dr. Oaks in his Councilor's Report, and recommended the acceptance of Dr. Kerby's substitute motion.

Dr. Matthei stated that while the Committee was in sympathy with Dr. Oaks' attitudes and beliefs, it was the opinion of the Committee that the report as it stood was not acceptable nor would the Committee accept substitutes or alterations.

Dr. J. Russell Smith stated that while there might be some disagreements with the Councilor's report that there were certainly some good points in it. He pointed out that the case made by the Councilor for improper presentation of consultants and anethesiologists to the patient, is a point well taken; that in many instances where there is more than one doctor on a case the doctor-patient relationship is not properly carried out by the presentation of the consultant or anesthesiologist by the doctor in charge of the case to the patient. Dr. Smith recommended consultation with Dr. Oaks for the rewriting of the report to retain its good points and delete therefrom any objectionable matters. He stated that he thought the context of the report should be printed or at least carried to all the doctors of the State to point out some of the errors and pitfalls of which all of the doctors are guilty in daily practice.

Dr. Howard K. Belnap objected to that part of the Councilor's report in which he suggested that the Medical Profession recognize the aid and assistance of the allied healing arts and pointed out that the House of Delegates of the A. M. A. had passed a resolution last year that the Medical Profession not coddle any relations with the cult healing arts and he stated he therefore felt the report of the Councilor was objectionable in that respect.

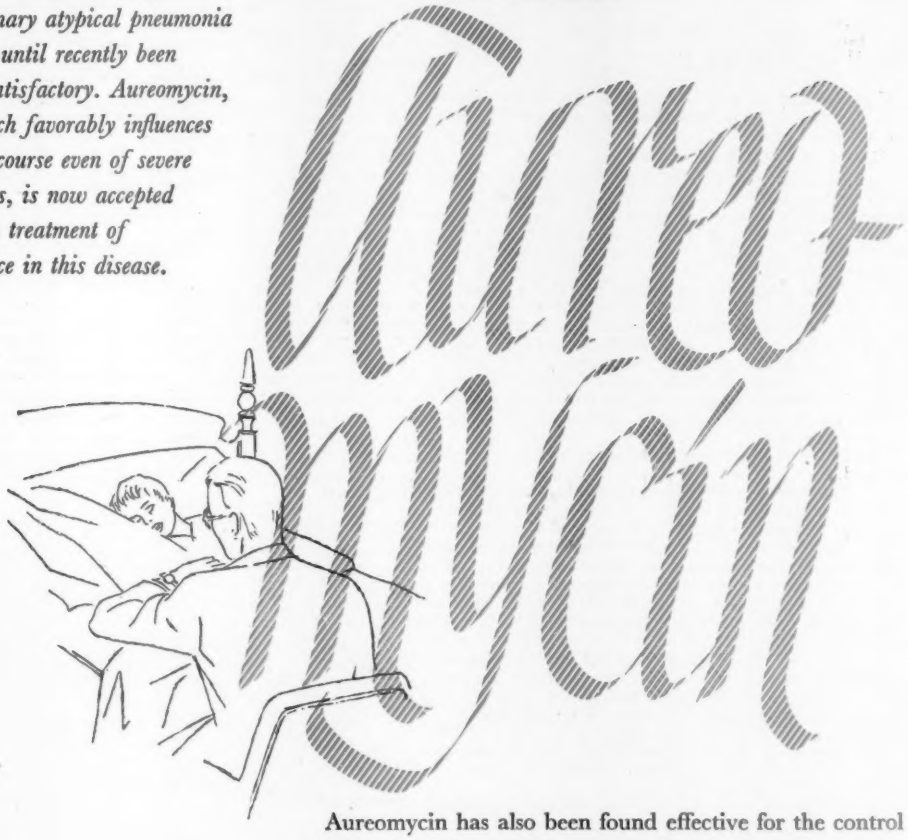
Question was asked for on the substitute motion of Dr. Kerby which was read by the reporter. A further question was asked of the Chair as to who was to write the substitute report called for in Dr. Kerby's motion. The Chair responded that it was the Chair's understanding of the meaning of the motion that the Reference Committee would meet with Dr. Oaks and a satisfactory report would then be written which could be published.

The substitute motion carried, thirty-six as against twenty-six on a standing vote.

AUREOMYCIN
CRYSTALLINE

in Primary Atypical Pneumonia

The chemotherapy of primary atypical pneumonia has until recently been unsatisfactory. Aureomycin, which favorably influences the course even of severe cases, is now accepted as a treatment of choice in this disease.



Capsules: Bottles of 25, 50 mg. each capsule. Bottles of 16, 250 mg. each capsule.

Ophthalmic: Vials of 25 mg. with dropper; solution prepared by adding 5 cc. of distilled water.

Aureomycin has also been found effective for the control of the following infections: acute amebiasis, bacterial and virus-like infections of the eye, bacteroides septicemia, boutonneuse fever, acute brucellosis, common infections of the uterus and adnexa, resistant gonorrhea, Gram-positive infections (including those caused by streptococci, staphylococci, and pneumococci), Gram-negative infections (including those caused by the coli-aerogenes group), granuloma inguinale, *H. influenzae* infections, lymphogranuloma venereum, psittacosis (parrot fever), Q fever, rickettsialpox, Rocky Mountain spotted fever, subacute bacterial endocarditis resistant to penicillin, surgical infections, tick-bite fever (African), tularemia and typhus.

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY 30 Rockefeller Plaza, New York 20, N. Y.

Dr. Matthei then reported upon the condensed statement from the Annual Audit and stated that the Committee approved the Annual Audit and recommended a $25.00 reduction in dues to the State Medical Association.

Dr. Matthei reported the following resolution from the Weber County Medical Society's Delegates:

"Whereas the Utah State Medical Association accumulated $11,500 more than the operating expenses of 1949 and 1950, be it resolved that the dues for 1951 be reduced by $25.00."

Dr. Matthei moved the acceptance of the Annual Audit Report amended by the resolution as quoted.

Motion was duly seconded.

Dr. J. Russell Smith in seconding the motion commented that the Utah County Medical Society had unanimously approved on the basis of the present financial report and the financial standing of the Association that the dues be reduced $25.00.

President Jenson then called for the pleasure of the House as to the disposition of the report by the Special Budget Committee, headed by Dr. L. J. Paul, and requested the House to consider whether it should be referred to the Reference Committee or acted upon from the floor.

Dr. J. G. Olson moved that the Reference Committee study this report and make a report later in the session.

Motion was duly seconded and unanimously carried.

Dr. Matthei reported upon the Reference Committee's action with respect to the report of the Special Committee on Life Insurance Examination Fees. The Reference Committee commended this special committee and recommended that the committee be made a permanent committee and that the report be accepted as submitted. The motion was duly seconded and carried unanimously.

Dr. Matthei then moved that all of the recommendations made by the Reference Committee on Membership and Medical Economics and the reports be accepted as amended. Motion was duly seconded and unanimously passed.

Dr. James Z. Davis was called upon to make the report of the Reference Committee on Legislation and Public Relations.

Dr. Davis reported that his committee had considered the report of the Executive Secretary. He stated that the report as printed had been considered by the Committee and that the Committee desired to commend the Executive Secretary on his printed report but took exception to that part of it appearing at the bottom of page sixteen and the top of page seventeen. That the Committee found that this was a question of general economics and included controversial information and therefore requested that this portion of the Executive Secretary's report be deleted and as so amended he moved the acceptance of the report. The motion was unanimously carried.

Dr. Davis reported that his Committee had next considered the report of the Board of Supervisors and stated that this report had been found satisfactory but the Reference Committee recommended that more widespread publicity be given to the Board and its activities, and with that recommendation he moved the acceptance of the report. Motion was duly seconded and unanimously carried.

Dr. Davis then reported that the Reference Committee had considered the report of the Public Policy and Legislation Committee and stated that while the Committee was in sympathy with the objectives of this committee that it did not feel that the two paragraphs appearing on the bottom of page twenty-six of the printed report should be included and therefore recommended the deletion of that portion of the committee's report, but otherwise he moved the acceptance of the report with the deletion. Motion was duly seconded and carried unanimously.

Dr. Davis reported that the Reference Committee had next considered the report of the Public Relations Committee and stated that his committee felt that the Public Relations Committee should be complimented for its work and that it was the conclusion of the Reference Committee that there were items in this report as well as the report of the Executive Secretary and others which clearly reflected the necessity for a better understanding and a better practice of basic medical ethics. Dr. Davis expressed himself as being of the opinion that Dr. Woolsey, chairman of the Public Relations Committee, was entirely correct in stating that if the basic courtesies and basic medical ethics were practiced by all physicians there would not be much work required of a public relations committee. Dr. Davis moved the acceptance of the report and the recommendations therein contained. Motion was duly seconded and unanimously carried.

The report of the Rural Health Committee was next considered. Dr. Davis reported that his Committee had considered this report an excellent report and commended the following points particularly to the attention of the House of Delegates:

"Communities must be stimulated to undertake more realistic and objective measurement of health and hospital need, it having been pointed out that some of the hospitals built with federal aid under the Hill-Burton Act were being used only to part capacity." It is giving rise in some areas in the country to a condition where there are hospitals that are not being used nearly to capacity, and that thought should be kept in mind before money is borrowed to over-build facilities in certain areas.

"Tax funds should be used to provide medical care only when it is impossible for an individual to secure such care without help."

Dr. Davis then moved the acceptance of the Rural Health Committee's report as supplemented by the Special Committee's report as read. The motion was duly seconded and carried unanimously.

Dr. Davis then moved the acceptance of the entire report of the Reference Committee on Legislation and Public Relations with the exceptions properly noted. This motion was duly seconded and unanimously carried.

President Jenson then called for the report of the Reference Committee on Medical Education.

Dr. Robert Snow reported that this Reference Committee on Medical Education had considered the report of the Committee on Military Affairs and National Emergency as printed on page twenty-five of the printed reports and he moved the acceptance of the report with the recommendation that the Association be urged to follow the advice that instruction in the medical aspects of the defense against atomic explosion be undertaken at an early date, not later than the coming month. The motion was duly seconded and unanimously passed.

Dr. Snow reported that his Reference Committee had considered the report of the Industrial Health Committee and stated that the report was accepted as written and he moved the acceptance of the report including the recommendations contained therein both in respect to industrial health and the training of the blind

science AND *fashion* DO GO TOGETHER



Now women can have a beautiful and fashionable bust contour, even though they need scientific, surgical, and corrective support. Leading physicians, surgeons, and obstetricians from coast to coast unhesitatingly prescribe CORDELIA "CONTROL-LIFT" Brassieres in every type of post-operative, obesity, prenatal, and confinement case.

CORDELIA "CONTROL-LIFT" Brassieres provide over 600 custom fittings, with trained personnel in better stores and surgical supply houses everywhere, fully qualified to scientifically measure-and-fit even the most unusual cases.



CORDELIA "CONTROL-LIFT" Brassieres feature inner-cup construction for added support; extra-wide, continuous straps for utmost comfort; no over-shoulder cutting for the pendulous-type bust. Sizes range as high as 56.

We will be glad to furnish the name of the store nearest you where your patients may secure CORDELIA "CONTROL-LIFT" Brassieres in exactly the corrective fitting you recommend.

Please refer your patients to these stores in your state:

COLORADO
Aurora—Cates Smart Shop
Boulder—Pullen's
Colo. Springs—Hibbard & Co.
Kaufman's
Denver—Denver Dry Goods
Joslin Dry Goods
Maternity Mode
Ruth's Apparel
Eaton—Anderson's
Fort Collins—Julian's
Fort Morgan—NaDeane's Style Shop
Grand Junction—Charlotte's Corset Shop
Sweetbriar Shops
Greeley—The Corset Shop
Dodd's
Gunnison—Mae's Shop
Hayden—Brock's Style Shoppe
Lamar—The Lassie
Pueblo—C. C. Anderson
Sue Christian
Colo. Supply Div. of Colo. Fuel & Iron
Day Jones Co.
Isabelle's Shop
Peggy Sue Shop
Pueblo Surgical Supply
Saguache—Malouff Dry Goods
Springfield—Veon Shop
Sterling—Garfield Tot & Teen
Trinidad—LeLavonne Shop
MONTANA
Billings—Malmin Shop
Vaughn Ragsdale Co.
Bozeman—Chambers Fisher Co.
The Kaye Shop
Butte—Muriel Selby Corset
Dillon—Hazel's Style Shop
Great Falls—Paris of Montana
Helena—Leaf Lingerie
Kalispell—Anderson Style Shop
Lewiston—Fashion Shop
Livingston—A. W. Miles Co.
Simons, Inc.
Missoula—Ida Pearson Shop
Red Lodge—Simmons
NEW MEXICO
Albuquerque—Highland Dress
Kistler Collister
Lee Joy Shop
Anthony—Chas. Mareet Shop
Artesia—Marie's Shop
Clovis—The Vohs Co.
Hot Springs—Holland Shop
Las Cruces—Popular Dry Goods
Portales—Forson Ready to Wear
Raton—Kilmurry Dress
Santa Fe—Emporium Store
Socorro—Bacas Haberdashery
UTAH
Beaver City—Lee Style Shop
Cedar City—Priscilla Shop
Logan—C. C. Anderson Stores Co.
Milford—Hughes Style Shop
Nephi—Garbett's
Ogden—Emporium
Orchid Shop
Payson—Wilson Shop
Price—Fla Cille Shop
Provo—Myrle Shop
Lewis Ladies Store
Richfield—Rosana Shop
Salt Lake City—Auerbach Co.
Hudson Bay Fur Co.
LaRies Shop
Makoff
Surgical Supply Center
Springville—Crandall's
WYOMING
Casper—Carshon's
Kassis Dept. Store
Quality Shop
Cheyenne—Dobbin's Women's Wear
Laramie—Mary Jane Shop
Lusk—Mary Jane Shop
Rock Springs—Hetts
Thermopolis—Fashion Shop
Torrington—Veta's Store

Cordelia
OF HOLLYWOOD BRASSIERE CO.

3107 Beverly Blvd., Los Angeles 4, Calif., DUnkirk 3-1365

California's leading creator and manufacturer of scientifically-designed Surgical, Corrective, and Style Brassieres

and near blind. The motion was duly seconded and unanimously carried.

Dr. Snow then reported that the Reference Committee had considered the report of the Mental Health Committee and he moved its acceptance with the provision that the recommendations of that committee with respect to the appointing of a non-political, non-paid State Board to appoint the Director of the Utah State Hospital, the State Industrial School and the Director of the School for the Feeble Minded at American Fork, should also be included in a board which should direct other state hospitals and institutions which are in existence or may come into existence, to care for the medical treatment and care of the State's wards.

Explanation of the motion was requested, at which time Dr. Snow advised that in the report of the Mental Health Committee, attention was directed to the fact that a non-political, non-paid State Board should be appointed to appoint the directors of the Utah State Hospital, the State Industrial School and the State School for the Feeble Minded at American Fork. He stated that it was the suggestion of the Reference Committee and the Reference Committee moved that this Board should be included within a Board which would be non-paid and non-political and which would also supervise the appointing of directors of state hospitals now in existence or yet to come in existence for the medical care of the State's wards, such as the School for the Deaf and Blind in Ogden, and if and when a state hospital is developed for the Medical School. The motion was seconded and unanimously carried.

Dr. Snow reported that the Reference Committee after general discussion of the report of the Public Health Committee, appearing on page thirty-five of the printed reports, recommended that the monies donated by the Federal Government amounting to $16,000, if not returnable to the Federal Government, be donated to research for cardiovascular diseases, preferably using the Utah State Medical College as the instrument in accordance with the second program recommended by the Committee on Public Health. Dr. Snow moved the acceptance of the recommendation which was duly seconded and unanimously carried.

Dr. Snow moved that the report of the Medical Education and Hospitals Committee be accepted with the modification that seminars, which were suggested therein, be presented at the request of the local societies and groups of doctors and that the committee suggested in the report of the printed report on page thirty-five, act as a source of recommendations for talks to be given to local medical societies and hospital staffs as requested. Motion was duly seconded and unanimously carried.

Dr. Snow moved the acceptance of the report of the Reference Committee on Medical Education as a whole. Motion was duly seconded and unanimously carried.

President Jenson then called for the report of Dr. Matthei whose Reference Committee had considered the matters presented by the Special Budget Committee.

Dr. Matthei reported that his Committee made the following recommendations for disbursements for the following year:

Salaries, $5,500, an increase over $4,506 for the past year. The Committee stated that in view of rising costs this leeway was necessary.

Office expenses were to be allowed in the sum of $4,000.

The annual audit, $200.

That subscriptions in the amount of $1,500 be allowed to include the Rocky Mountain Medical Journal for all members of the Association plus such other publications as are necessary in the office of the Executive Secretary.

A recommendation was made for a $10.00 reduction in dues, although Dr. Matthei indicated that that had already been acted upon by the House reducing the dues to $25.00.

A recommendation for $2,500 to be allowed for traveling expenses, any excess to be returned to the general fund, was made.

The setting up of a $5,000 Benevolent Fund was recommended to be taken out of reserve funds with $1,000 to be added each year.

The Committee also recommended that $1,000 be taken out of the reserve for the Permanent Employees' Retirement Fund, and an additional $1,000 each year.

$1,000 was suggested for Convention expenses.

$1,600 was recommended as the amount to be used for contributions, plus a recommendation for a contribution of $2,500 for research and to the medical library which the Chairman indicated to be the University of Utah Medical Library.

Dr. Matthei stated that he believed that these various items all should be acted upon separately by the House, particularly those concerning the Benevolent Fund and the contribution to the University Medical Library and the Permanent Employees Retirement Fund should be the subject of separate action by the House.

President Jenson accepted the recommendations of Dr. Matthei and requested Dr. Matthei to present the separate items.

Question was raised as to whether or not the House had already acted upon the reduction of the dues by $25.00. After discussion it was moved by Dr. Robert G. Snow that inasmuch as he had originally supported the motion with regard to the reduction of the dues that he now desired that the matter be reconsidered and he therefore moved that the House reconsider the question of reducing the dues. The motion was duly seconded and unanimously carried.

President Jenson then called for the consideration of the various items in the report individually.

Dr. Matthei first presented the question of the Benevolent Fund and after considerable discussion it was moved by Dr. U. R. Bryner that the House of Delegates empower the Council to use up to $1,000.00 in the forthcoming year for benevolences, if it becomes necessary, for the aid of members of the Association in need and that this $1,000.00 item be considered a portion of the budget during the coming year. Motion was seconded and unanimously carried.

Dr. Matthei then presented the recommendation of the Committee for the Setting Up of a Permanent Employees' Retirement Fund. The recommendation was that $1,000.00 be set up from the present surplus and that $1,000.00 be added each year thereafter.

It was moved by Dr. Howard K. Belnap that a Retirement Fund not be set up. Motion was duly seconded and upon a voice vote the Chair ruled that the motion had carried.

Dr. Matthei then presented the matter of a donation of $2,500.00 during this coming year to the University of Utah for research and their Medical Library. It was pointed out that in addition to the University Library that $100.00 had been given by the Council during the past year to a separate research organization in Chicago, Ill.

Dr. Galen O. Belden moved the deletion of the $2,500.00 item from the budget. The motion was seconded.

There followed a very complete discussion on the matter and upon the call for the question the motion was lost.

Dr. Rees moved that the item of $2,500.00 as

No other bulk container for parenteral solutions has all the many safety features of...



DON BAXTER, INC. · RESEARCH AND PRODUCTION LABORATORIES, GLENDALE 1, CALIFORNIA

set up in the budget be approved. The motion was seconded and unanimously carried.

Upon question being raised the President ruled that the apportionment of the fund would be left to the Council.

The question of the dues was called for. Dr. H. R. Reichman requested the Executive Secretary to state the amount of money being presently set aside for the use of the United Public Health League.

Mr. W. H. Tibbals explained that at the time when the United Public Health League was maintaining a Washington office, $2.00 was deducted from the dues paid by each man and contributed toward the support of that office but that since the United Public Health League no longer maintained a Washington office this particular deduction of $2.00 had been discontinued, but for the purposes of local activities in furthering legislation in our own state, etc., the profession had been continuing to set aside $3.00 from each doctor's dues to the United Public Health League since none of that money is spent outside of the State and in view of it being a political year the Secretary advised that it might be ill advised to discontinue this deduction.

Dr. Matthei placed upon the blackboard the remaining items of the budget.

Dr. James Z. Davis moved the dues for the State Association for the next year be set at $40.00. Motion was duly seconded. The motion carried thirty-one to twenty-five in favor of having the dues set at $40.00.

Dr. Weggeland stated that he had voted without having proper information.

Dr. Kerby stated that he had voted for the previous motion but that he now decided to move that the House reconsider its action.

The motion to reconsider was carried.

Dr. Kerby then moved that the dues for the coming year be set at $25.00. The motion was duly seconded and carried.

Dr. Paul Clayton asked whether the surplus presently standing in the hands of the Medical Association could be used for the purpose of promoting voluntary prepaid medical insurance. The Secretary was requested to advise upon that point and informed that it could be so expended.

Dr. Clayton said that he was specifically referring to the $35,000 presently invested in Government Bonds.

It was explained by Dr. J. G. Olson that this fund belonged to the State Association and that the Council had the right to direct these funds to whatever use they desired.

Mr. Harvey Sethman of Colorado reported the status of the Rocky Mountain Medical Journal and extended greetings from the Colorado State Medical Society. He reported that Utah did not use as much space this year as it was entitled to according to the proportion of the membership in the five states which sponsor this Journal. Utah submitted and the Journal published thirteen original articles totaling fifty-one pages, no case reports, and submitted eighteen pages of miscellaneous organizational material, a total of sixty-nine pages of Utah material, approximately one-half of what the state would be entitled to. Mr. Sethman said that this was not the responsibility of Mr. Tibbals or Dr. Middleton but that Utah doctors were not making available to these gentlemen the necessary material.

Dr. Middleton stated that articles submitted were not punctually printed. Mr. Sethman reported that part of this difficulty arose from the fact that all of the states participating in the Journal had agreed that no individual author should appear in the Journal more than once each year except in exceptional instances. In other instances authors had not been prompt in correcting of proofs, thus causing delay. For other delays which were the responsibilities of Mr. Sethman and Dr. Macomber, Mr. Sethman expressed his apologies and assured that steps were being taken to correct the difficulty.

Mr. Sethman then summarized the financial situation of the Journal. Total subscriptions for the year were $7,600.00, advertising receipts $26,500; miscellaneous receipts, $135.00; a total of $34,334.19. Expenditures were $1,930 more than receipts, deliberately so handled in order to utilize the surplus.

Dr. H. R. Reichman moved the continuation of the budget committee as an annual committee. Motion was duly seconded and passed.

Dr. M. L. Allen moved the reaffirmation of the resolution passed one year previously by the House of Delegates, the resolution being as follows:

"WHEREAS, There is a well recognized growing tendency on the part of administrators of many hospitals to encourage private ambulatory patients to enter the radiological, pathological and physical therapy departments of their institutions for the purpose of examination and treatment; and

"WHEREAS, This practice tends to put such hospitals into competition with physicians who are engaged in the private practice of their specialties;

"THEREFORE, BE IT RESOLVED, That the House of Delegates of the Utah State Medical Association go on record as disapproving the proselyting of private ambulatory patients by hospitals for the purpose of making studies or giving treatments in various departments of such hospitals; and

"BE IT FURTHER RESOLVED, That a copy of this resolution be sent to the administrators of the various hospitals in the State of Utah; and

"BE IT FURTHER RESOLVED, That the delegate of the Utah State Medical Association to the American Medical Association, be instructed to introduce in the House of Delegates of the American Medical Association an appropriate resolution covering this situation."

Motion was duly seconded and passed.

President Jenson then called for the election of officers, resulting in the nomination and election of the following doctors:

President-Elect: L. Weston Oaks, Provo.

Honorary President: F. H. Raley, Salt Lake City.

First Vice President: K. B. Castleton, Salt Lake City.

Second Vice President: C. C. Randall, Logan.

Third Vice President: H. C. Stranquist, Ogden.

Treasurer: L. J. Paul, Salt Lake City.

Councilor, First District: R. O. Porter, Logan.

Councilor, Third District: J. Russell Smith, to replace Dr. L. Weston Oakes who was elected President-Elect.

A letter of resignation by Dr. J. G. McQuarrie from the Board of Supervisors because of his health was read. Upon motion by Dr. L. B. White, duly seconded, the resignation was accepted with a vote of thanks to Dr. McQuarrie for his services.

Dr. J. G. Olson of Ogden was elected to the Board of Supervisors for a term of five years.

Dr. Earl L. Skidmore was elected to the Board of Supervisors for a term of three years.

Dr. U. R. Bryner of Salt Lake City was elected to the Rocky Mountain Medical Conference Continuing Committee.

It was duly moved and seconded and unanimously passed that the outgoing President be given a vote of thanks for the excellent job he had done during the past year.

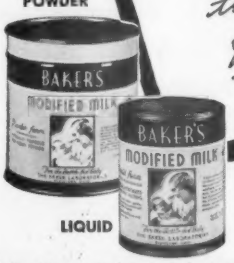
Dr. T. E. Robinson and Dr. West then escorted the incoming President to the stand.

A Doctor WHO RAISED HER OWN BABY ON BAKER'S SAYS...

As one who is supposed to know something about infant feeding formulas, and who has actually experienced making them, I have some special comments. With Baker's my baby has had almost no bowel trouble. I find it convenient to keep boiled water and then quickly mix fresh Baker's Milk formula as I need it, so that I never use formula which has been standing around for 24 hours or more. A more complicated formula has to be made at an opportune time and then put away for use. I prefer fresh formula — Baker's Formula.

My baby, Martha, has turned out to be a delightful child and healthier than most. Many new mothers, and fathers too, have asked how I fed her — so I advise Baker's.

Name on request.



Made in Wisconsin from grade A Milk

Baker's Modified Milk is a completely prepared formula for infants, requiring only one simple direction for use—"dilute to prescribed strength with water, previously boiled." In most cases, Baker's can be used from birth to the end of the bottle-feeding period. Write for complete information and samples.

BAKER'S MODIFIED MILK

THE BAKER LABORATORIES INC.

Main Office: Cleveland, Ohio
Plant: East Troy, Wisconsin

Division Offices: San Francisco, Los Angeles, Dallas, Denver, Seattle and Greensboro, N. C.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

President V. P. White then made the following remarks:

"Gentlemen, I know this is a great honor that has been given me, and I don't believe there was anybody in the Society more surprised than I when it was offered.

"I do feel humble. I know the responsibilities of the office, and I want to pledge to the Society that I shall do everything in my power to guard and protect the interests of my fellow practitioners. I realize that there are times when other interests, organized interests, encroach upon the welfare and economics of the medical profession, and what little I can do to protect the profession I shall do, and I ask all of you for your support and help. When there are any problems that I may help you with, feel perfectly free to come. I belong to no groups, have no special interests; you are all my friends and I want to serve you. When I get on the wrong track I want to be criticized."

The House of Delegates selected Salt Lake City as the place for the Annual Meeting for the forthcoming year and the Council of the Association was authorized to set the dates for same.

The meeting was adjourned at 6:30 p.m. Wednesday, September 6, 1950.

Report of the Councilor of the First District 1949-1950

This has been an eventful year. Last July we were seriously threatened with the possibility that our profession would be federalized and that we should all become employees of the government. That threat is definitely lessened but the administration is still actively trying to achieve the same goal in piecemeal fashion and continuous vigilance is and will be necessary to prevent it. This July, however, finds us all, doctor and patient alike, facing a far graver danger—that of total war. Even if such a calamity should not occur, we are now embarked upon an active plan that will alter the economic and social life of every citizen.

Doctors are key men in this effort. Thousands will be required to provide care for the armed forces and every last one of us will have to learn the new technics required by atomic war as it affects civilian defense. Every component society of the State Association will have to study and perfect plans that can be put to instant application for the treatment of major casualties. For while it is not too likely that there are any targets in Utah that would justify bombing, we are not without Communist sympathizers in our midst and the danger of sabotage is always present. Should open war come the danger would be tremendously increased. Your Councilor thinks such preparation should be the major objective of the Association during the coming year to the execution of which everything else should be secondary. The blood type of every person in the State should be determined as part of the plan. Our State Legislature should appropriate funds to defray the cost and the typing should be done at local hospitals plus a mobile unit if necessary.

It seems only fair that men schooled under the A.S.T.P. and V 12 program should be the first to be drafted into service. The House is urged to make such a resolution and transmit it to our Congressmen and Senators.

Quite a number of new men have come to the First District to practice during the year and are gradually being absorbed. It is saddening to realize that so many capable, eager, fine young physicians with the promise of full and useful lives of community service before them will now be taken away. Many will lose their incentive and identity and their ambition in the feather-bed of military protocol. Physicians, like all other citizens, must now and hereafter face rising taxes and costs so that it will be impossible to make much more than a living. It behooves every young man to plan his insurance with the greatest care.

The problem of interns and residents continues to plague us. Private hospitals simply cannot compete with the salaries paid by military and V. A. Facility hospitals. Most graduates prefer to take a less rich clinical service with the greater salary. No immediate solution appears in sight. To your Councilor it seems that the private hospitals should do a better "selling" job among the undergraduates. We should acquaint them with the advantages of training in private hospitals and of foregoing a slight temporary financial advantage for the sake of better preparation for future private practice. This is assuming that we shall not all become involved in World War III, a hazardous assumption.

The In-Patient Psychiatric Hospital at St. Benedict's is now full and functioning very well. Eighteen beds are in continuous use, with six on a stand-by basis.

Sound conditioning has been installed throughout the Thomas D. Dee Memorial Hospital and is a comforting improvement affected at great expense.

A separate nursery for prematures was built and is now in operation at the Dee—a very valuable addition. A Department of Anesthesiology was established at the Dee during the year under the direction of Dr. Dee Dickson.

The Richard B. Porter Memorial Clinic has had a year of expanding service to Weber County. It enables anyone in the County to obtain the best care we can provide irrespective of ability to pay.

The recent establishment of the Ogden Clinic is the first effort at group practice in all branches of medical care in Ogden and will be watched with great interest. The Staff are among our finest young men and your Councilor wishes them every success.

When the Board of Directors of our Medical Service Bureau found it necessary to reduce fees paid for service to 50 per cent of the schedule, there was immediate dismay among many of our members. Some expressed misgivings about our ability to carry on. Such an attitude worries your Councilor. We **must not** and **need not fail** if we now stand fast and exercise prudence. Let every man who has filed a claim under our plan pause and ask himself in all sobriety, "Was that operation really necessary?" The drain upon our funds for elective, one might say, "convenient" surgery, has been tremendous. This is not said to scold since every man must serve his own conscience; but if in the future the individual doctors will scrutinize every claim before submitting it, and will refuse to make claims in doubtful cases, the Board will be able to rescind its action. There is not a private plan in operation so generous in its fee schedule as the Service Bureau. Let us back it to the hilt.

Finally, may I express thanks for the privilege of having served with the profession and the Council throughout this troubled year. May we deserve and be blessed with the preservation of our democracy.

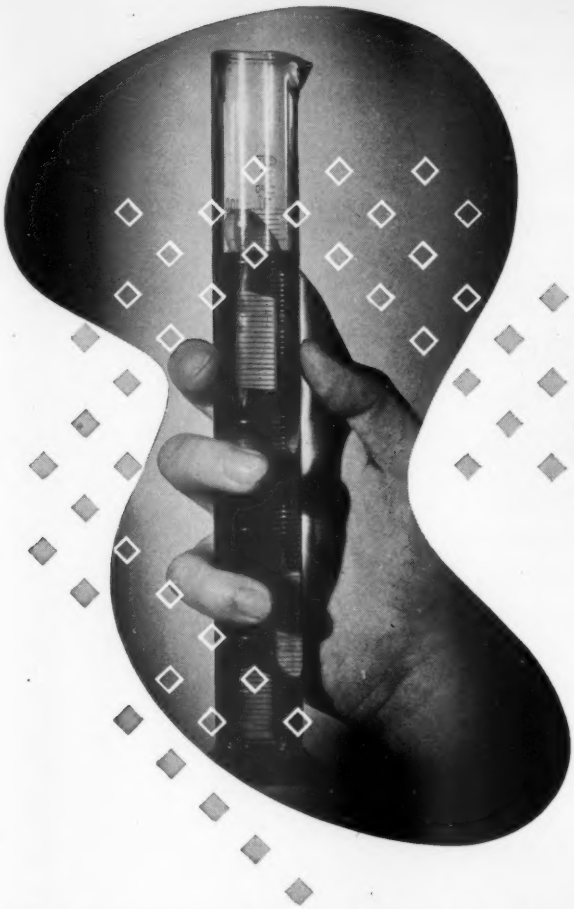
Respectfully submitted,
J. G. OLSON, M.D.,
Councilor of the First District.

Report of the Councilor of the Second District 1949-1950

The threat of socialized medicine has brought to light weaknesses in our medical organization. Never in its history has the medical profession faced a problem of such magnitude. When it appeared we found ourselves inadequately organized and unprepared to cope with the problem. Fortunately, to date we have been able to correct our errors and patch up our organization sufficiently to stem the tide of socialized medicine. If our efforts in this line continue to be successful, we must select capable, courageous and forceful leaders. Of even greater importance, we must each and every one enthusiastically support our organization and its leaders. At times such as this there is no place for petty jealousies, individual dissensions, and selfish ambitions. The labor unions have shown us that in order to successfully combat these vital and important issues we must be closely and tightly organized and stand wholeheartedly back of the decision of our leaders.

It is especially important and vital that the younger members of our organization take an active and vigorous part in molding and establishing our policy and in carrying the fight against socialized medicine. It is the younger group that has the most at stake and if the government should intervene it will be they that will be hurt most. Tradition may dictate that the older and wiser members of our society are to hold office and that the younger members are merely to stand idly by. This is no longer so. Because of the vital issues at stake, the issues that involve primarily the younger group, it is imperative that they not only seek office, but that they take an active part in deciding and arranging for the type of practice which they wish to have.

The present military activities only afford another excuse for the government to take over and operate the entire medical purposes. Again, I wish to emphasize that without unity and loyal support, no organization, regardless of its leadership or its financial backing, can be successful in securing for its members and for the public the best type of medical practice. In the past, there have been altogether too many members that have taken a pas-



VISCOSITY

A vaginal jelly or cream with too heavy a viscosity is apt to remain in the posterior fornix and latently come in contact with the sperm. A lubricant with a very light viscosity tends to reduce required chemical barrier film. Koromex Jelly and Cream have the ideal viscosity determined by many years of laboratory tests and patient approval.

ACTIVE INGREDIENTS: BORIC ACID 2.0% OXYQUINOLIN BENZOATE 0.02% AND PHENYLMERCURIC ACETATE 0.02% IN SUITABLE JELLY OR CREAM BASES

KOROMEX

A CHOICE OF PHYSICIANS

HOLLAND-RANTOS COMPANY, INC. • 145 HUDSON ST., NEW YORK 13, N. Y.

MERLE L. YOUNGS PRESIDENT

sive and indifferent attitude. If such continues to prevail within our society and if petty politics and jealousies persist, we can expect only the type of medical care and practice that the bureaucrats wish to relegate. I must urge and emphasize again that our medical society can be no better than the support and effort that each of us gives it. If our efforts should be unsuccessful, then there is no one to blame but ourselves.

Respectfully submitted,

VINCENT L. REES, M.D.,
Chairman.

Report of the Councilor of the Third District 1949-1950

In the aggregate we appear to have made some progress during the past year toward better public relations. There are, however, some serious failings affecting our efforts in this direction. To these the Third District contributes its share in at least one respect.

In certain matters coming under the jurisdiction of our Board of Supervisors, there have been serious derelictions committed during the past year, that direct attention to one possible weakness in the functioning of that body. In these instances, the office of the State Medical Association and this councilor have both made every effort to obtain satisfactory evidence to bring offenders before the Board. Their efforts have been thwarted by unwillingness of both laymen and members of the profession to give information for fear of incurring the ill will of those against whom complaints might be filed.

Such a situation is definitely unhealthy and some means of investigation that will help correct it should be considered.

In many instances, more careful explanation to the public of some changing methods in practice which appear to them to impose new and unjustified additions to the expense of illness and hospitalization, would go far to prevent resentment against the medical profession. Among these might be mentioned an evolving practice of transferring the newborn infant at once to care of a pediatrician; of anesthesiology to a public quite unprepared to understand the grave importance of this service to those undergoing major surgery; failure of a surgeon called as operating consultant to ascertain more about the patient before he operates and to pay some attention to complications that may arise after his surgery; unwillingness of some specialists whose services involve prescription of functional aides, such as glasses and hearing amplifiers, to make their service of such quality and thoroughness that their patients will recognize the justness of their charges, so they have no need to reap added increment from dispensing of merchandise.

It appears also that there is good reason for the medical profession to consider some change in its uncompromising attitude toward all other branches of the healing arts. We may have some reason, real or fancied, for treating their members as we do; but they are still human beings, an increasing number of whom are honest and anxious to serve well those who consult them.

There is, among the membership of our Utah State Medical Association, a too prevalent attitude of indifference toward activities of the Association, and toward its program. Aside from paying their dues to reap the obvious and direct material advantages, many of our men give no attention to their Association. This writer believes that some streamlining or revision of our organization and its program is indicated to meet the requirements of this generation and keep it united in seeking honestly for progress in things scientific and humane.

Respectfully submitted,

L. WESTON OAKS, M.D.,
Councilor of Third District.

UTAH STATE MEDICAL ASSOCIATION

Condensed Statement From Annual Audit August 18, 1949, to July 31, 1950

A part of the Treasurer's report consists of a condensation of the report of Goddard Abbey Company, certified public accountants. The complete reports are on file in the Executive Office and may be seen by any interested doctor. Further report will be made on the floor of the House of Delegates.

RECEIPTS

1949 dues in arrears	$ 387.50	
1950 dues	27,300.00	$27,687.50
A.M.A. dues (see contra)	13,175.00	13,175.00
Reimbursement, Salt Lake County Med. Society	431.56	
Reimbursement, Medical Service Bureau	707.90	1,139.46
1949 Convention Banquet Tickets	1,003.49	
1949 Convention Exhibitors Space	140.00	
1949 Convention Dept. of Health expenses of cancer speaker	400.00	1,543.49
Miscellaneous	22.56	22.56
Total Receipts		$43,568.01
Cash balances at Aug. 17, 1949		41,911.69
Total Receipts for Period		$85,479.70

DISBURSEMENTS

Salaries:		
Executive Secretary	$ 2,958.55	
Assistants	1,247.73	$ 4,206.28
Office expenses exclusive of salaries:		
Rent	$ 960.00	
Postage	729.80	
Stationery, supplies and printing	599.20	
Telephone and telegraph	804.18	
Unemployment taxes	44.37	
Federal insurance contributions	79.47	
Miscellaneous	311.10	
Books	137.90	3,666.02
Premium on bonds	$ 27.50	
Audit	171.25	198.75
Subscriptions:		
Rocky Mountain Medical Journal	$ 1,330.00	
A.M.A. Journal	12.00	
A.M.A. Directory	20.00	
Legislative Service	12.50	1,374.50
Dues:		
United Public Health League of Utah	$ 1,596.00	
Women's Auxiliary	1,596.00	
Executive Association	5.00	
Inter Mountain Radio Council	5.00	
Conference of Presidents	10.00	3,212.00
Traveling Expenses:		
Delegate and Executive Secretary to A.M.A.	$ 464.38	
J. Z. Davis to meeting in Denver	73.61	
Two Drs. to Rural Health Conference	252.21	
President Jensen to Mid Winter Clinics	93.13	
Council travel to Component Societies	495.41	
Board of Supervisors attend meetings	214.33	1,593.07
Contributions:		
National Society Medical Research	$ 100.00	
Appeal to Supreme Court tax on Professions	500.00	
Expenses of two speakers at Ogden Surgical Society	1,000.00	1,600.00
1949 Convention Expenses:		
Supplies and sundry expenses	$ 257.68	
Entertainment	50.00	
Flowers	64.64	
Banquet	1,025.92	
Rent of meeting place	300.00	
Expenses of guest speakers	1,609.89	
Reporting Convention	161.30	3,469.43
A.M.A. Dues (see contra)	$13,175.00	13,175.00
Purchase U. S. Treas. Bonds, 2½, 1967-1972	$35,404.69	
Accrued interest	95.63	35,500.32
Total Disbursements		$67,995.17
Cash Balances July 31, 1950		17,484.33
Total Disbursements for Period		$85,479.70

Report of the Executive Secretary 1949-1950

On the occasion of the Annual Meeting of the House of Delegates of the Utah State Medical Association, it again becomes my privilege and duty to submit to you a report of the year's activity from the standpoint of the Executive office.

"In general, symptomatic improvement [of menopausal symptoms] was striking within 7 to 14 days after treatment..." with "Premarin."

Gray, L.: J. Clin. Endocrinol. 3:92 (Feb.) 1943.

Many clinicians have found that "Premarin" therapy usually brings about prompt relief of distressing menopausal symptoms. Furthermore, symptomatic improvement is followed by a gratifying sense of well-being in a majority of cases. This is the "plus" in "Premarin" therapy which tends to quickly restore the patient's normal mental outlook.

Four potencies of "Premarin" permit flexibility of dosage: 2.5 mg., 1.25 mg., 0.625 mg., and 0.3 mg. tablets; also in liquid form, 0.625 mg. in each 4 cc. (1 teaspoonful).

While sodium estrone sulfate is the principal estrogen in "Premarin," other equine estrogens...estradiol, equilin, equilenin, hippulin...are probably also present in varying amounts as water-soluble conjugates.

Ayerst

"PREMARIN"®

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Estrogenic Substances (water-soluble) also known as Conjugated Estrogens (equine)

Ayerst, McKenna & Harrison Limited
22 East 40th Street, New York 16, N. Y.

It seems apparent that the overall position of the medical profession locally and nationally has been improved in relation to the threat of the entry of Government into the field of medical care. In general there is a public realization that on the whole the medical profession has done a good job, and the people in the United States do enjoy a better quality of medical care than elsewhere and the writer senses a general feeling that this condition is recognized by the public to exist as the direct result of the fact that medical care is rendered by a profession substantially unencumbered by government interference. However, it becomes doubly urgent that the profession recognize that the progress that has been made points up even more clearly the weak spots within the circle of medical practice.

In order to make permanent the improvement in the general esteem with which the medical profession is held by the public, the profession must live up to the glowing picture which has and is being painted by and through the tremendous advertising campaign. The isolated cases of overcharging, malpractice, refusal to respond to house calls, indifference to the patient welfare are now highlighted against the picture which is being sold to the public of a medical profession united in the cause of good medical care for all people at a price they can pay. It becomes incumbent, therefore, upon the profession to police its own members and be certain that all of them adhere to not only the letter but the spirit of medical ethics. At the risk of being considered to have a one-track mind I must again call to your attention that the public relations of the profession as a whole is dependent, completely and unalterably, upon the relations of each individual doctor with his patient. If every doctor satisfied every patient there would be no problem of public relations.

From a practical standpoint we must recognize that such an idylic situation is not possible. We shall ever be confronted with the occasional disgruntled patient who, regardless of the treatment and courtesy afforded him, feels abused. But these instances should become so isolated as to be at once noticeable as the exception. Before we can achieve this height, however, the profession must by united action solve the problem of fees for professional services in terms that the lay public can both understand and support. I am of the opinion that there is no one factor so detrimental to the profession at large as the fact that there is no logical explanation for professional fees. Even though traditionally the profession has charged fees based on the general proposition of what the traffic will bear, the public today is not sympathetic to that practice. The reason is apparent. In an era of increasing specialization where the personal relation between doctor and patient no longer is the prime factor the patient does not have the personal confidence that the doctor will adapt the bill to the patient's pocketbook. The patient considers he is buying the services and he demands a measure of their value.

In the absence of that close personal relationship which formerly existed between doctor and patient in years gone by, the general public is entitled to a measuring stick by which to evaluate the services rendered. Except for the occasional crank that contacts our office, nearly all complaints or criticisms voiced, whether they go so far as to be classified as complaints or not, are made by reasonable, honest people who want to pay the doctor a fair fee. Regardless of what economic device may be settled upon as a means of paying the doctor, the fact remains that, if the profession will not voluntarily give the public a means of evaluating the services performed, then the public will protect itself behind legislation of one kind or another. You say this is regimentation, collectivism, yes to an extent it is, but it is a regimentation brought about by progress, by the advent of the practice of medicine as a science rather than as a mystic art. So long as the profession can dictate its own terms and control its own activities without interference of an outside agency, the profession will remain free. Only if it fails in its duty will it become the enslaved tool of a dominating government.

Your Executive Office is going the limit which the lay administrative personnel can go, to carry out the purposes of the profession in all fields. Many of you apparently do not know or understand the functions of the office of the Executive Secretary. This we very much regret and in the interests of better information we are briefly summarizing some of the activities which we daily carry on in your behalf:

It is our duty to handle all the business of the Association—

Keep all records as to membership; handle applications of new members; collect dues and account for them; pay all bills; handle secretarial work of all committees; handle all arrangements for Annual Conventions and any special meetings; attend all Council Meetings and keep minutes; attend Board of Supervisors Meetings and receive complaints; assist Component Societies in securing desired programs; maintain necessary liaison with the A.M.A. and other State Medical Associations; work with the State and Federal Agencies in checking licensure and violations of the laws; to gather information as to proposed legislation of medical import and make every effort to see that same is placed in the hands of the interested legislators;

Cooperation with newspapers and radio in public relations; cooperation with City and County and State Boards of Health; preparation and presentation of talks before luncheon clubs, Parent Teachers Associations, etc.; securing of speakers for interested groups;

Answering of requests for information re.: Blue Shield, industrial cases, collections, office locations in city and out, office help, applications for positions, malpractice insurance, convalescent homes, hospitals (types and locations), institutions treating alcoholism; calls for nurses; calls for doctors; health and accident insurance; sale of office equipment; problems of medical ethics in re. consulations; problems of medical ethics in re. legal cases; problems of medical ethics in re. sending out of notices; professional taxes; pre-marital examinations; adoption methods; interprofessional relationships; well baby clinics.

Concerning many other matters all having more or less bearing upon the practice of medicine.

During the year we also handled the mailing of many thousands of letters and pamphlets of value in the education of the public as to the pitfalls of national medicine.

It has been the pleasure of the office to serve as mediator in several cases of threatened malpractice and to be able to bring about understanding thus avoiding actual suits or to advise the adjustors of threatening cases at such an early time that proper investigation could be made and the complainants satisfield with a minor settlement.

Our Association membership figures for the year 1949-50 reflect growth in total membership although some of the Component Societies have shown a loss. The table below reflects the comparative statistics.

The problems of the coming year are manifold for your officers and they will need wholehearted support. We look into a future dark with the clouds of deepening international crisis. The place to be occupied by the medical profession in all events is one of key importance. The direction taken will probably be determined by forces beyond our control. The executive office stands ready and willing

MEMBERSHIP OF THE UTAH STATE MEDICAL ASSOCIATION AS OF JULY 31, 1950

Component Societies	Active Paying Members		Honorary Non-Paying Members		Members in Military Service		Total Membership	
	1949	1950	1949	1950	1949	1950	1949	1950
Cache	22	21	3	4	0	0	25	25
Carbon	23	18	0	1	0	0	24	19
Central	14	15	2	3	0	0	19	18
Southern	16	15	1	1	0	0	17	16
Salt Lake	310	336	49	48	1	1	360	385
Uintah	8	6	0	0	0	0	8	6
Utah	54	59	9	9	0	0	63	67
Weber	91	89	5	6	0	0	96	95
Total	538	559	70	71	1	1	612	631



Nu-Trend

• A BEAUTIFUL NEW SUITE . . . BY HAMILTON

The latest addition to the Hamilton line, this new and beautiful suite of matched woods is designed to create new warmth and beauty for your examination room. Patients appreciate its modern distinctive appearance. It is economically priced and designed to help make your work more pleasant.

Available in a choice of two woods and four finishes each designed to create a different effect. Selections may be made from red mahogany with tan upholstery, blonde mahogany with tan upholstery, regular walnut with brown upholstery, or silver gray walnut with burgundy upholstery. Features consist of a large examining chair-table with counter balanced top, adjustable stirrups, Hide-A-Roll attachment, steel-wood drawers, concealed treatment feature and generous storage space. The roomy instrument cabinet is available with either solid or glass doors.

Write for your copy of our Nu-Trend Furniture Catalog RM-1150

Distributed by

PHYSICIANS AND HOSPITALS SUPPLY CO., Inc.
MINNEAPOLIS MINNESOTA

to serve you. Its accomplishments will be measured by the demands made upon it and the support afforded it by our entire membership. As lay administrators we can only carry out as efficiently as possible the duties entrusted to us, we cannot initiate action.

We sincerely hope that the profession may continue to grow in the coming year in the capacity to serve the people and to discharge fully its function of guardian of the health of a great nation.

Respectfully submitted,

W. H. TIBBALS,
Executive Secretary.

Report of the Board of Supervisors
1949-1950

The Board of Supervisors, as you know, were elected at the House of Delegates last fall. It held the first meeting on November 12, 1949, all members being present: Drs. Ezra Cragun, Paul K. Edmunds, J. G. McQuarrie, J. C. Hubbard and Clark L. Rich. Dr. Clark L. Rich of Ogden, Utah, was elected Chairman and Dr. J. C. Hubbard of Price, Utah, was elected Vice-Chairman.

The organization of the Board of Supervisors was discussed, and the rules which are enclosed were approved. A date for regular monthly meetings was set to be called on notice from the Chairman if there was business to attend to. Only two such meetings have been held, and only three cases have come before the Board, all of which have been settled satisfactorily. Others have come to Mr. Tibbals stating that formal complaints would be sent to the Board in writing. However, they have not been received.

We feel that the Board of Supervisors should be further publicized in order to render any assistance to any of the doctors or local societies. We feel it has a valuable function and will be of more service in the future.

Respectfully submitted,

CLARK L. RICH, M.D.,
Chairman.

Report of the Committee on Military Affairs and National Emergency
1949-1950

The work of this committee to date has consisted largely of attendance at meetings preliminary to organization of a state plan of defense.

Dr. L. J. Paul, of this committee, attended the meeting of the Council on National Emergency Medical Service in Chicago in May, 1950, and is familiar with the plans made at that time.

At that meeting it was suggested that each State ascertain if appropriate legislation had been accomplished in the respective states to cover possible emergencies. In this state an advisory committee is formulating plans for coping with civil defense problems, disaster relief and internal security. Most of this planning is being done by the National Guard, but except for internal security matters, the plans will be implemented entirely by civilians.

Legislation necessary will be presented to the 1951 session of this legislature but the committee recommends that some action be taken much sooner if possible.

The chairman of this committee, as well as some other members at the recent A.M.A. meeting at San Francisco, attended the meetings on Military Medicine. Most of these meetings were devoted to tentative plans for defense against atomic attack. At the present time studies are being made of a simulated attack on Seattle by two atomic bombs. The results of these studies when completed will be available to all cities to aid in formulating plans for defense.

Dr. Paul, as chairman of the Salt Lake County Disaster Relief Committee of the Red Cross and also a member of this committee, has met with General West and Colonel Gray of the National Guard and worked out plans for this county. Such plans will be publicized soon and can serve as a model for other parts of the State.

This committee recommends the formation of a committee of the society to select men for instruction at the schools held periodically at the University of Utah Medical School for study of the medical aspects of atomic explosion. Such men should be able and willing to act as instructors for other doctors.

At the meeting in San Francisco it was recommended that doctors who are members of the Medical Reserve or otherwise liable for service with the armed forces be relieved from duty with committees such as this one and be replaced by doctors who will be available and not likely to be called away.

Respectfully submitted,

CHARLES W. WOODRUFF, M.D.,
Chairman.

Report of the Public Policy and Legislative Committee
1949-1950

Several meetings of the Public Policy and Legislative Committee have been held during the year and current problems have been discussed and tentative programs outlined. As the State Legislature was not in session we had no opportunity to activate this program. There are several problems, however, which your Committee wishes called to your attention, hoping that this information will be passed on to the House of Delegates.

The major issue before the physicians of our state is that of "governmental medicine." During the past year we have cooperated with every County Society and assisted in arranging educational programs which were aimed to enlighten the public on the true hopes and aims of "socialized medicine." Speakers bureaus were organized, and various organizations throughout the state have had this problem presented to them. More than 150 talks have been given before various groups within our state. To show the scope of this problem, our message has been carried to such organizations as Lions Club; Executive Clubs; Rotary Clubs; Federated Womens Clubs; University Mothers Clubs and practically every educational club on the University of Utah campus. The Mothers Clubs of most of the fraternities and sororities have all been met. Other professional groups such as the Nurses Association, Regional Nurses meetings; Parent and Teachers organizations; Builders and Contractors Association; Rental Associations and Apartment House Associations. Many Special Interest Groups in the L. D. S. Church and the L. D. S. Seminary groups have requested and received such addresses. We have been very pleased at the hearty reception with which our messages have been received and we found them all in favor of preserving our present plan of "Free Medical Enterprise."

These talks and the contacts with the people convinces your committee that we need not have "socialized medicine," if we will but take the time and energy to explain the problem to the average citizen. We must carry the torch.

Your Legislative Committee, in connection with the Barristers, has considered a plan for presenting new legislation affecting the "state coroner laws" at the next session of the Legislature.

In addition we are actively engaged in reactivating the fight for a state basic science law. These plans will be brought to your attention when complete organization has been effected.

Your Committee is very desirous of having you bring these problems before the House of Delegates, so that we can explain to them the urgency of these matters, and show them how they can best cooperate to win these objectives. We feel that every member of the Utah State Medical Association is a citizen of this State. He must be interested in any health program which affects the people, and inadvertently affect him. We can no longer hide under our professional cloaks but must come out in active support of all worthy measures. Our colleagues in Florida have indicated that the Healing Arts Group can wield a powerful political influence if we will but awaken and get to work.

We wish to express our appreciation to the Executive Committee of the State Society for all their counsel and guidance.

Respectfully submitted,

N. FREDERICK HICKEN, M.D.,
Chairman.

Report of the Industrial Health Committee
1949-1950

The State Committee on Industrial Health has met several times during the year. Some problems have come before the committee as follows:

1. Problems of several industrial concerns pertaining to industrial health peculiar to the particular concern.
2. Problems pertaining to industrial health arising from the mass survey of Utah people by the National Tuberculosis Association.
3. Problems concerning what industry in Utah is doing for the employment of the handicapped, the new blind, etc., and the employable older age group.

Knowing the present feeling of the medical profession in general, and individually to industrial medicine as it exists at the present in Utah, the Committee has felt reluctant to take any other course than in an advisory capacity to industrial health problems.

It is now apparent that Utah is fast developing into an industrial area; hence with this change in our life, it is apparent that our way of thinking as regards to medical practice must of necessity change as to the means of best promoting health to the people in this industry.

The American Medical Association has long recognized local industrial health services and is now urging the medical profession to exercise the degree of leadership which will properly represent medicine's responsibilities and opportunities in this important field. It urges the continuous education of the medical profession as a means of elevating the standard of industrial health service.

The State Committee urges we recognize the program of the Council of Industrial Health of the American Medical Association, for the development of local industrial health services as set forth in the recent meeting at San Francisco.

Respectfully submitted,

FRANK J. WINGET, M.D.,
Chairman.

Report of the Special Committee Appointed to Study Rendering of Special Services in Rural Areas
1949-1950

This Special Committee met immediately after its appointment to discuss this important problem handed to them by the House of Delegates.

Discussion brought out the fact that the first and only consideration in this matter was the welfare of the patient and that this must not be lost sight of. It was further emphasized that in several of the specialties the necessary surgical equipment was not available in many of the outlying areas, nor was it feasible to transport same back and forth.

In consideration of these matters and other points brought up during discussion it was resolved that it is the opinion of the committee that they do not believe such a program to be feasible or in the best interest of the patient except in such cases where it may be possible for the surgeon to devote sufficient time to the case in the outlying area to be able to make his own definite diagnosis and to at least supervise the case until the patient is out of danger. However, they emphasize that the specialists would be glad to meet with a representative group from the General Practitioners Society if such meeting seems desirable and that in any event it is the opinion of the Committee that all specialists are more than willing to consult in any case where their services are desired and to render treatment when in the best interest of the patient.

Respectfully submitted,

T. R. SEAGER, M.D., Chairman;
VERNON WARD, M.D.,
P. M. HOWARD, M.D.,
R. D. BEECH, M.D.,
WM. R. RUMEL, M.D.,
C. JOHN CHRISTENSON, M.D.,
A. M. OKELBERRY, M.D.,
CHESTER B. POWELL, M.D.

Report of the Mental Health Committee
1949-1950

Members of the Committee have met and have worked with members of the Utah Society for Mental Hygiene. The work concerning the revision of state laws dealing with psychiatric patients has been discontinued for the present. It was felt by most of the committee members that it was not the most opportune time for these revisions to take place. Efforts of the committee have been directed towards bringing about closer relationship between psychiatry and the general practice of medicine.

Your committee believes there should be a non-paid, non-political state board that appoints the director of the Utah State Hospital, the director of the State Industrial School, and the director of the school at American Fork. There should then be a non-paid, non-political board for each institution which directs each of the above state institutions through their respective superintendent. The appointments and tenure of office must be stabilized and maintained free of political influence. Your committee believes that provision for psychiatric examination and treatment should be arranged for the state prison inmates. State planning should ultimately look forward to the establishment of a separate unit of the state prison to be used separately, but in conjunction with the Utah State

Dilaudid hydrochloride

(dihydromorphinone hydrochloride)

COUNCIL ACCEPTED



Powerful opiate analgesic - dose, 1/32 grain to 1/20 grain.

Potent cough sedative - dose, 1/128 grain to 1/64 grain.

Readily soluble, quick acting.

Side effects, such as nausea and constipation, seem less likely to occur.

An opiate, has addictive properties.

Dependable for relief of pain and cough, not administered for hypnosis.

● Dilaudid is subject to Federal narcotic regulations. Dilaudid, Trade Mark Bilhuber.

Bilhuber-Knoll Corp. Orange, N. J.

Advertisement



From where I sit *by* Joe Marsh

Ought To "Polish Up" Her Traffic Manners!

Spent most of yesterday over at the Court House. "Tiny" Fields, the biggest and fastest-talking of our three policemen, was holding forth about his traffic troubles.

"Women drive just as good as men do," Tiny said, "and just as bad. For instance—a girl in a convertible today. She started a three-block tie-up all by herself.

"She's creeping down Main Street —left hand stuck out and sort of waving around. Never turns right or left, never stops. But, of course, everyone behind her thinks she's signaling about something. Nobody dares to pass. When I stop her and ask what's up, she smiles sweetly and explains that she's drying her nail polish!"

From where I sit, that girl's typical of certain folks who are so wrapped up in themselves, they never notice they're not being fair to others. Our neighbor has a *right* to drive in safety —just as he has a right to enjoy a glass of beer. Let's all respect the other fellow's rights.

Joe Marsh

Copyright, 1950, United States Brewers Foundation

Hospital for housing certain mentally ill people with tendencies towards anti-social behavior.

Various members of the committee have worked on committees relative to social planning for the state and for local communities.

Your committee has felt that it would be helpful if a reprint of Dr. Ebaugh's article on socialized medicine, published in the Rocky Mountain Medical Journal about two years ago, could be sent to all of the physicians of the state to be placed in their waiting rooms.

Cooperation was afforded to Utah State Society for Mental Hygience in its program for observation of National Mental Hygiene Week.

Respectfully submitted,

ROY A. DARKE, M.D.,
Chairman.

Report of the Public Health Committee 1949-1950

A meeting of the Public Health Committee of the Utah State Medical Association was held on May 19, 1950, in which a proposal from Dr. J. W. Spies, State Health Commissioner, for a cardiac program was considered. It was the general opinion that the entire membership of the State Association should be asked to consider this program. Therefore, after balloting by the entire membership the Committee rejected this proposal and set up a subcommittee to study the advisability of a cardiac program by the State Board of Health. This Committee met on July 5, 1950, and made the following proposals:

1. That doctors throughout the state may refer patients to various specialists throughout the state for diagnostic study; that these people may be hospitalized for a maximum of three days for such diagnostic study; that the referring doctor refer only cases which, to his best knowledge, would be unable to obtain these services on their own resources; that referrals may be made to any recognized specialist in the State of Utah; that the State Board of Health would set up administrative machinery so that applications for this service, giving the name of the referring doctor, the name of the patient and the name of the specialist to whom he is referred, be given to the State Board of Health. That the State Board of Health then assume the financial obligation of hospitalization if necessary and payment of specialists fees. It is believed that such a program could be set up in a manner similar to the Crippled Children's Service of the State Board of Health.

2. It is believed by the Sub-Committee that research in cardiovascular diseases is still one of our major problems. It is believed that this money could be spent wisely by the endowment of some research program in the State of Utah. It is felt by the Committee that the Utah State Medical College is perhaps best equipped to do this research at the present time. However, should other hospitals desire to set up a research program they should be given consideration in the expenditure of any money for research.

These proposals have since been approved by the members of the combined committee. Either one or both of these proposals are recommended for consideration of the House of Delegates.

Respectfully submitted,

JAMES Z. DAVIS, M.D.,
Chairman.

Report of the Special Committee on Life Insurance Examination Fees 1949-1950

Doctors Frank D. Spencer, George A. Allen and Clark Young were named as a special committee to investigate the question of an increase in medical fees for life insurance examinations. This committee was authorized to contact the insurance companies doing business in this area and acquaint themselves with these companies' views on this subject.

The following representatives met with your committee on the evening of November 21, 1949, at the office of the State Medical Society: Mr. J. P. Allein, Vice President of the Equitable Life Insurance Company of Utah; Mr. Max Rasmussen, general agent of the Occidental Life Insurance Company of California; Quayle Cannon, Jr., District Manager of the General American Life Insurance Company; J. L. Neville, Sales Representative of the Aetna Life Insurance Company; Ford Crandall, manager of the Metropolitan Life Insurance Company; Raymond Johnson of the Beneficial Life Insurance Company; J. H. Christenbury of the Travelers Insurance Com-

GRADUATE and POSTGRADUATE MEDICINE

COURSE IN THE SCIENCES FUNDAMENTAL TO MEDICAL AND SURGICAL SPECIALTIES AT UNIVERSITY OF COLORADO MEDICAL SCHOOL

Denver, Colorado

Winter Quarter—January 2 to March 17, 1951
Spring Quarter—March 26 to June 9, 1951

These courses are designed to orient the graduate student in the basic sciences required for certification by the various American Specialty Boards, except Otolaryngology and Ophthalmology. Attendance on a full-time or part-time basis may be arranged according to individual needs.

Winter Quarter includes symposia and seminars covering the various clinical phases of physiology, biochemistry, pharmacology, pathology and bacteriology closely correlated with patient problems as related to the clinical specialties. (Emphasis is placed upon medical subjects.)

Spring Quarter includes anatomy of the surgical specialties, experimental surgery, gross and microscopic pathology, neuropathology, neuroanatomy and radiophysics. (Emphasis is placed on surgical subjects.)

University credit is granted. Tuition is $52.00 per quarter full time for residents, $117.00 per quarter full time for non-residents.

Apply to

Director of Graduate and Postgraduate Medical Education,
University of Colorado Medical Center, Denver 7, Colorado

LIVERMORE SANITARIUM



• The Hydropathic Department devoted to the treatment of general diseases, excluding surgical and acute infectious cases. Special attention given functional and organic nervous diseases. A well equipped clinical laboratory and modern X-ray Department are in use for diagnosis.

• The Cottage Department (for mental patients) has its own facilities for hydropathic and other treatments. It consists of small cottages with homelike surroundings, permitting the segregation of patients in accordance with the type of psychosis. Also bungalows for individual patients, offering the highest class of accommodations with privacy and comfort.

GENERAL FEATURES

1. Climatic advantages not excelled in United States. Beautiful grounds and attractive surrounding country.
2. Indoor and outdoor gymnastics under the charge of an athletic director. An excellent Occupational Department.
3. A resident medical staff. A large and well-trained nursing staff so that each patient is given careful individual attention.

Information and circulars upon request.

Address: O. B. JENSEN, M.D.
Superintendent and Medical Director
LIVERMORE, CALIFORNIA
Telephone 313

CITY OFFICES:

SAN FRANCISCO
450 Sutter Street
GArfield 1-5040

OAKLAND
1624 Franklin Street
GLencourt 1-5988

A Complete Production Service

ELECTROTYPES
MATRICES
STEREOTYPES
PRINTING
TYPOGRAPHY

Western Newspaper Union

Denver - - - - - - - 1830 Curtis St.
New York - - - - - 310 East 45th St.
Chicago - - - - - 210 So. Desplaines St.

And 33 Other Cities



pany; R. S. Satterfield of the Commercial Travelers Insurance Co.; L. W. Messinger of the Pacific National Life Insurance Company; John B. Hover of the Bankers Life Insurance Company; Layton E. Baldwin of the American National Insurance Company and M. F. Bryner, a visitor.

Mr. Tibbals read the resolution as passed by the State Association, also communications from the home offices of the Home Life Insurance Company of New York, the Travelers Insurance Company of Hartford, Connecticut, the Mutual Life of New York, the B.M.A. of Kansas City. In addition announcement was made that advice had been received from the following companies that they already had increased their examining fees to $7.50; Connecticut Mutual Life Insurance Company, Pacific Mutual of Los Angeles, the New York Life of New York City, the Equitable Life Insurance Company of New York, the Connecticut General of Hartford, the Mutual Life of New York, Home Life, Fidelity Mutual, Manhattan Life, and the Guardian Life.

It was noted from the letters received that several insurance companies questioned the advisability of a raise in fees, principally because they felt that what they now pay is sufficient. Most of the companies, however, which had not already increased their fees to examining doctors stated they agreed in principle with the idea of a raise in fees, announcing for their companies that a revision upward would shortly be in effect.

Your committee then spoke individually, calling attention:

1. That the cost of medical practice has spiraled along with expenses in every other phase of contemporary life during the past decade, while the remuneration received from insurance companies has remained practically the same, with the exception of those companies already noted, to that of twenty or thirty years back.
2. That owing to the tendency of most companies to require medical examinations on applicants of an age when degenerative processes already have begun; on those applying for relatively large policies; or on those with present or past histories of known illnesses or physical defects, that the consequent increased difficulty and responsibility demands in many instances much time and effort on the part of the examiner to arrive at a true picture of the applicant's physical condition, these various factors making the standard fee of $5.00 now routinely paid by many companies inadequate as compared with the effort, time and skill involved.
3. Attention also was called to the fact that ofttimes owing to circumstances beyond the applicant's control the doctor must visit the applicant at the latter's home, shop or office, thus requiring time and perhaps the covering of considerable distance to visit such cases.

The representatives present unanimously agreed that examinations conducted away from the doctor's office and those requiring special attention in the way of a painstaking history, and/or physical examination, should receive the $7.50 now being paid by the larger companies. The representatives of the smaller and newer companies, however, declared that their companies were not financially able to meet such an elevation in fees, as yet, for routine office examinations.

Your Committee expressed the opinion that most medical examiners would gladly take that into consideration for these companies and examine the routine office applicant for the $5.00 fee, billing the company for the larger fees when the examination is away from the office or when it is exceptionally difficult and prolonged. Such facts could be noted on the medical blank.

The medical profession acknowledge a definite responsibility toward the insurance company which employs them and they wish to render services of an honest, comprehensive order. But the profession feels that to do so adequate fees should be allowed.

Respectfully submitted,
CLARK YOUNG, M.D.,
Chairman.

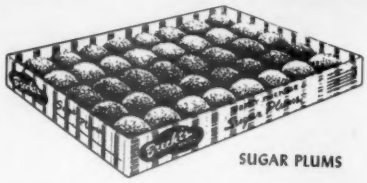
Report of the Medical Defense Committee 1949-1950

During the year 1949-1950, this Committee has been called upon to consider some very difficult cases.

In the state there have been eleven cases filed, of these five are still pending, one has been dropped, three have been settled and two have gone to trial and resulted in decisions of no cause for action and an award of judgment to the doctor for his

The Craving for Candy Often Is

A CALL FOR ENERGY



SUGAR PLUMS

Recommend Brecht's For Your Patients . . .

SUGAR PLUMS . . . tenderest of fruit-flavored Jelly Candies, made with sugar, corn syrup, dextrose, citrus fruit pectin, U. S. Certified Colors. Cellophane-topped Party Packages.

PANTRY SHELF . . . delicious hard candies in many flavors. Refreshing fruit drops, crunchy filled wafers . . . flavor sealed—in glass jars.

DAINTY STICKS . . . so delicious and pure. Made from sugar, dextrose, corn syrup, finest flavorings. U S Certified Colors, Assorted flavors

Brecht's DENVER

Public Service Company of Colorado

. . . . . **investor owned**

. . . . . **locally operated**

. . . **community minded**

Contributing to high standards of living while serving you with low cost natural gas and electricity.

Natural Gas — Electricity

A Bargain in Living

WANTADS

FOR SALE—General Practitioner in Fort Morgan, Colorado, going into military service, would like to sell equipment. Most of the equipment is about two years old. Contact A. R. Olsen, M.D., P. O. Box 808, Fort Morgan.

FOR RENT—Modern doctor's offices, radiant heating, excellent location. 2739 West Alameda. Call RAce 7618 or DExter 7136.

Please say, "I saw your ad in the Rocky Mountain Medical Journal," in communicating with our advertisers.



DRINK Coca-Cola TRADE MARK REG.

You trust its quality

fees. Other threatened actions have been dropped after thorough and enlightening discussions with the claimants.

We wish to urge all Component Societies to give greater attention to education as to the prevention of malpractice. Most claims can be avoided by careful attention to detail, cleanliness, adequate records, a sympathetic and professional bedside manner and a well guarded tongue. Somewhere in the background of every claim is a telltale talkative doctor or his assistant, either careless or motivated by greed, ambition or professional jealousy and spite.

No honorable man will countenance any person being deprived of just compensation for wrongful injury but the unscrupulous damage suit lawyer is concerned neither with honor or justice and the doctor who assists him in any way cannot avoid contamination by the association.

The physician controls his own malpractice insurance rates. The companies merely compile statistics and promulgate rates based on the experience in a very limited field.

Claims should be reported promptly and with full frankness regarding every detail of the doctor's relationship with the patient claimant. Prompt and intelligent action taken in time will prevent most malpractice lawsuits.

Respectfully submitted,

L. N. OSSMAN, M.D.,
Chairman.

Report of the Fracture Committee
1949-1950

Through the efforts of the Committee on Fractures and Other Trauma for the State Association, programs at the various hospitals have been presented which have dealt with traumatic cases. The program presented to some of the outlying societies took up the general subject of the Care of Compound Fractures which was presented by one of the orthopedic surgeons and the Resuscitation of Patients and the Choice of Anesthetic Agents in Accident Cases was presented by one of the local anesthesiologists. These programs were presented in Cedar City by Drs. Paul A. Pemberton and Hugh O. Brown, in Moroni by Drs. A. M. Okelberry and Franklin L. West, Jr., in Roosevelt by Drs. Norman Beck and Paul Clayton, and in Provo by Drs. Paul R. Milligan and Paul Clayton. In Provo the motion picture "Fractures: An Introduction" was shown to twenty-five doctors and their wives. This motion picture was also shown to the third year class of medical students and two showings were given at the L. D. S. Hospital to a total of 85 people.

Five outlines on the Care of Hand Injuries, one on Rehabilitation, and one on the Management of Acute Head Injuries were mailed to the entire membership of the State Association. These were prepared by the American Society for Surgery of the Hand, the Sub-committee on Truama of the American College of Surgeons, and the Harvey Cushing Neurosurgical Society. They were distributed by the American College of Surgeons.

Respectfully submitted,

A. M. OKELBERRY, M.D.,
Chairman.



The Emory John Brady Hospital

401 Southgate Road

A Private Hospital for Nervous and Mental Diseases

Situated in a beautiful valley two miles south of Colorado Springs, which is nationally known as a health center. New building for mild cases of Functional Neurosis, affording complete classification of patients. Home-like surroundings, scientific medical treatment and nursing care. Booklet and rates on application.

C. F. Rice, Superintendent, Colorado Springs, Colorado

Stodghill's Imperial Pharmacy

Prescriptions Exclusively

For your prescriptions we stock a complete line of ALMAY—non-allergic—cosmetics.

Five Pharmacists

319 16th St. TAbor 4231 Denver, Colo.

Report of the Cancer Committee 1949-1950

We have held one meeting in which various recommendations, which we would like to make to the Utah State Medical Association, were discussed. We will at a subsequent meeting formulate some complete recommendations for your consideration.

We are attempting to cooperate with the American Cancer Society in any of their projects. Mrs. DeNeuf has been invited to our meetings and has been in attendance. Dr. A. A. Jenkins of the State Board of Health has worked in close cooperation with us and has made possible travel expenses to those members of the committee who live outside of Salt Lake City when they have had to report for a meeting.

Respectfully submitted,
J. ELMER NIELSEN, M.D.
Chairman.

Resolution

Presented at the request of the Medical Board of the Utah Division of the American Cancer Society.

"Be it resolved, that the House of Delegates of the Utah State Medical Society go on record as endorsing the activities of the Utah Division of the American Cancer Society in furthering both professional and lay education, in contributing funds for research and cancer study, and in assisting the victims of this disease."

Report of the Public Relations Committee 1949-1950

This Committee held two meetings during the year, which all of the members of the Committee pretty well attended.

The general consensus of the discussions was the damage which the individual physician, who by his insistence on high fees for individual cases, was doing more harm to the profession than the high fee charged, in many instances not collected, benefited the physician.

It was pointed out that it was very difficult to get local newspapers to carry medical subjects without mentioning names and while information was supplied from the central office to the newspapers with request for publication, since the doctor's name was not allowed to be mentioned, the material supplied for the most part went into the waste basket.

The Committee was unanimous in feeling that the question of public relations or improved public relations, was strictly a matter of the individual physician and that as long as there were individuals within the state who saw fit to follow their own personal inclinations in matters of policy rather than those policies which had been adopted by the House of Delegates and the Component Societies, that there was very little that could be done to offset the effects of this pre-eminent characteristic of the physician to insist upon being an individualist.

It is hoped that between now and November that we can get unanimity of action of all of the physicians in the state, whether in public health, teaching, Veterans Administration, clinic groups or individual practitioners, in realizing that individual political activity is our main hope in stemming the tide toward socialized medicine.

Respectfully submitted,
RAY T. WOOLSEY, M.D.,
Chairman.

Report of the Rural Health Committee 1949-1950

Activities of the Rural Health Committee for the past year have been confined largely to discussions with other committees and personal contacts with rural health problems in the various communities of the state. The Committee as a whole met with the Public Health Committee and discussed the Utah State Board of Health's proposed cardiac clinics. We trust helpful suggestions were made wherein all individuals in the state, rural and urban, can be benefited who are in need of help from the number one health problem, cardio-vascular diseases.

One member of the faculty of the University of Utah Medical School attended the National Rural Health Conference with the Rural Health Committee Chairman at Kansas City in February, 1950. Much valuable information and guidance was given at that convention regarding policies in rural health. These policies briefly stated being:

1. Communities should make every effort to at-

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Intensive Course in Surgical Technic, Two Weeks, starting November 27, January 22. Surgical Technic, Surgical Anatomy and Clinical Surgery, Four Weeks, starting November 6, February 5. Surgical Anatomy and Clinical Surgery, Two Weeks, starting November 20, February 19. Surgery of Colon and Rectum, One Week, starting November 27. Gall-Bladder Surgery, Ten Hours, starting April 23.

GYNECOLOGY—Intensive Course, Two Weeks, starting February 19. Vaginal Approach to Pelvic Surgery, One Week, starting March 5.

OBSTETRICS—Intensive Course, Two Weeks, starting March 5.

RADIATION PHYSICS—Intensive Review Course, Four Days, starting November 29.

ROENTGENOLOGY—Diagnostic and Lecture Course First Monday of every month. Clinical Course Third Monday of every month. X-Ray Therapy every two weeks.

DERMATOLOGY—Informal Clinical Course every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

PEDIATRICS—Informal Clinical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL

ADDRESS: REGISTRAR, 427 SOUTH HONORE ST., CHICAGO 12, ILLINOIS

The
BROWN SCHOOLS
For Exceptional Children

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. *Summer Camp.* Approved by State Division of Special Education.

BERT P. BROWN
President
Paul L. White, M.D., F.A.P.A.,
Medical Director
P. O. Box 4008, Austin, Texas

YORK
PHARMACY
Denver's Finest Prescription Store
J. GLEN MATSON, Owner
Free Delivery
Phone FR. 8837
2300 East Colfax Avenue at York Street
Almay Cosmetics

NURSES' OFFICIAL REGISTRY
Endorsed by District No. 2
Colorado State Nurses' Association
American Nurses' Association
REGISTERED NURSES
PRACTICAL NURSES
Nursing Service for All Community Needs
KEystone 0168
Argonaut Hotel
Colfax and Grant, Denver

DEEP ROCK
Artesian Water
Famous for over 52 years as Denver's finest and purest drinking water.
- Endowed by Nature with the ideal amount of fluorine, 1.3 parts per million
- Contains no added chemicals
- Recommended by Doctors for baby formulas, stomach and kidney disorders

DEEP ROCK
Distilled Water
- Scientific distilling process removes all minerals
- Aerated, to remove flat taste of other distilled waters
- Recommended by Doctors for baby formulas, allergies, prescriptions and sterilizing instruments

Order Now At Your Pharmacists
or call TAber 5121
DEEP ROCK WATER CO.
614 27th Street Denver, Colorado

tract doctors by providing hospital or clinical facilities to enable them to keep abreast of the times and to make community life attractive to them and their families.

2. Wider community participation in securing necessary facilities is a forward step which should be pushed with increasing vigor. This is a phase in which community health councils can play a leading role.

3. Existing and proposed facilities should be coordinated and integrated for an effective and fully utilized program.

4. An intensified educational program is needed to acquaint people with facilities available to them, with university extension services an important medium in this education.

5. Communities must be stimulated to undertake more realistic and objective measurement of health and hospital need, it having been pointed out that some of the hospitals built with federal aid under the Hill-Burton Act were being used only to part capacity.

6. Tax funds should be used to provide medical care only when it is impossible for an individual to secure such care without such help.

7. Progress has been made in enrolling rural people in prepayment medical care plans, but greater effort should be made in that direction.

8. Medical school should screen applicants early to eliminate those unqualified to become doctors, should encourage rejectees to prepare for related professions, and should incorporate training in rural practice into the curriculum.

The central theme of the convention was that health is a personal and community responsibility and that so treated, it will be handled better and cheaper than if left to the federal administration. Rural health is largely a community problem and should be handled from the local level. People should be encouraged to spend a greater per cent of their income dollar for health purposes and purchase voluntary prepayment medical insurance.

The Committee feels that our medical school should encourage the students to become well qualified general practitioners and to encourage them to go into the rural districts of the state. In this way more physicians will be available for the rural areas and hence better rural health. Several conversations with medical school faculty members have been had regarding this problem and we are assured they will cooperate to this end. We commend the medical school for its research work, but feel that the major purpose of the school is to produce good general practitioners of medicine, who can and will serve our intermountain area.

Respectfully submitted,

JESSE J. WEIGHT, M.D.,
Chairman.

Report of the Tuberculosis and Cardiovascular Diseases Committee
1949-1950

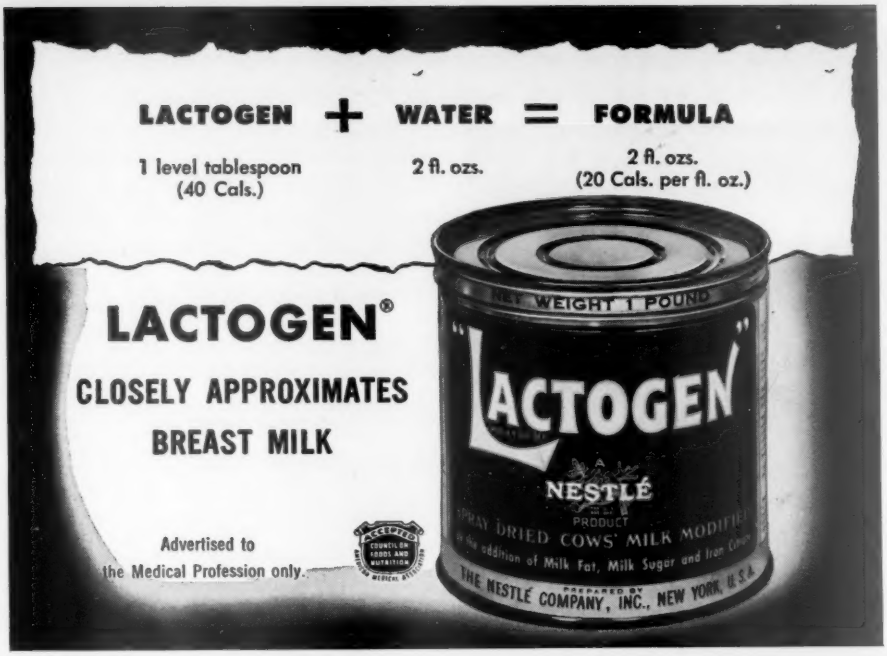
The Committee for Tuberculosis and Cardiovascular Diseases from September, 1949, through August, 1950, met only on few occasions in formal session. Many informal discussions were had by committee members pertaining to problems within the province of the committee's responsibility.

The cosmopolitan Salt Lake City Area Chest X-ray Survey sponsored by the Salt Lake County Medical Association through the auspices of the United States Public Health Service and local funds, was held in October, 1949. This survey, although meant primarily for the Salt Lake City Valley, also benefited the physicians in outlying districts in offering service to all of the adult population of the state, regardless of the place of their residence.

All local members of the committee, along with all of the physicians of the Salt Lake County Medical Society, worked diligently towards the effectiveness and efficiency in operation of this chest survey.

Committee members filled speaking engagements in collaboration with activities of the Utah State Department of Health TB Control Division and the activities of the Utah State Tuberculosis Association to publicize the activities of similar surveys in other Utah cities under the auspices of local medical societies and the State Department of Health.

In October, 1949, the State Department of Health was fortunate in obtaining the loan of a tuberculosis expert from the United States Public Health Service for a period of two years. A program for the tuberculosis control within the state was planned. This program included consideration of most of the problems referable to tuberculosis and tuberculosis control which were considered by the Tuberculosis and Cardiovascular Committee during the year of 1948 and 1949.



dorestro

ESTROGENIC SUBSTANCES
(WATER-INSOLUBLE)

the name which signifies

- CONTROL
- UNIFORMITY
- MANUFACTURING EXCELLENCE

COUNCIL ACCEPTED

Dorsey

THE SMITH-DORSEY COMPANY • LINCOLN, NEBRASKA
Branches at Los Angeles and Dallas
MANUFACTURERS OF FINE PHARMACEUTICALS SINCE 1908

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

COMPLIANCE with the highest scientific standards, plus years of use by thousands of physicians, have established beyond doubt the dependability of DORESTRO Estrogenic Substances, Water-Insoluble. Supplied in 1 cc ampoules and 10 cc vials in aqueous suspension or persic oil. Units from 5,000 to 20,000 per cc in oil; up to 50,000 per cc in aqueous suspension.

BIRTCHER

HYFRECATOR



Used by More Than 70,000 DOCTORS

. . . for the removal of skin growths, tonsil tags, cysts, small tumors, superfluous hair, and for other technics by electrodesiccation, fulguration, bi-active coagulation.

Now, completely redesigned the new HYFRECATOR provides more power and smoother control . . . affording better cosmetic results and greater patient satisfaction. Doctors who have used this new unit say it provides for numerous new technics and is easier, quicker to use.

$49.50 COMPLETE

Send for descriptive brochure, "Symposium on Electrodesiccation and Bi-Active Coagulation" which explains the HYFRECATOR and how it works.

THE BIRTCHER CORPORATION
5087 Huntington Drive Los Angeles 32, Calif.

To: The BIRTCHER Corp., Dept. R.M.
5087 Huntington Dr., Los Angeles 32, Calif.

Please send me free booklet, "Symposium on Electrodesiccation and Bi-Active Coagulation."

Name_____

Street_____

City_____ State_____

Through the collaboration of the members of the Utah State Department of Health, Tuberculosis Control Division, temporary help from the United States Public Health Service, and the help from the Utah State Tuberculosis Association, a manual of policies and procedures for control of tuberculosis in Utah was prepared. Members of the Tuberculosis and Cardiovascular Committee acted as consultants in an advisory capacity in the preparation of this manual for distribution to Utah physicians, public health nurses and others interested in public health, referable to tuberculosis.

Also during the spring of 1950 the policies for the activities of the State Department of Health's Mobile x-ray unit were revamped. Committee members assisted the State Department of Health and TB Control Division in formulating plans for better efficiency in operation of the mobile unit.

During the fall of 1949, the State Board of Health procured a new state health commissioner, the latter taking office in December, 1949. Unfortunately turmoil in the Utah State Health Department seemed to accelerate. Through alleged differences of opinion and friction within the department, the services of the loaned United States Public Health Service tuberculosis control expert were lost for state benefit. This resulted in a handicap to the operation of the previously planned program. The committee is again concerned regarding the outcome of the events and the situation at this time is again in a state of flux.

In April, 1950, the Utah State Department of Health proposed a plan for the state-wide control of heart disease. The plan suggested a means whereby periodic "heart clinics" could be established for the supposed benefit of rural physicians, the cost of operation of the "heart clinics" to be defrayed by available grant of monies from Federal funds. The Tuberculosis and Cardiovascular Diseases Committee has felt in the past that cardiovascular diseases were well managed by the private practicing physician and that cardiovascular disease management in Utah presented no major problem. The need for research further in this field has been recognized, however.

The proposed plan by the State Health Department concerned the activities of the State Association's Committee of Public Health, the Committee of Rural Health and the Tuberculosis and Cardiovascular Disease Committee.

The Committee on Public Health conducted a survey through all Utah physicians, resulting in the defeat of the proposed plan by vote of 3 to 1.

The Tuberculosis and Cardiovascular Committee acted in joint session with the other two committees mentioned to consider the situation and to offer other suggestions for expenditure of the available funds. The results of the joint committee activities will be enumerated in the report of the Committee on Public Health.

At the time of this writing your Tuberculosis and Cardiovascular Disease Committee feels that no major problem regarding cardiovascular disease management exists in Utah. The need for further research along lines particularly involving degenerative and rheumatic cardiovascular disease is recognized but the problems necessarily lie in the province of research institutions although statistical studies and reports from physicians in active practice would be of immense value.

The need for a strong State Health Department is again urgent. The present State Commissioner of Health has recently resigned under pressure from various organizations and individuals against his policies, belligerent attitude and ability to antagonize. The State Department of Health is again without the service of a trained tuberculosis control expert. These needs are paramount at present since the control of tuberculosis is so closely linked with the operation of State and Local Health Department activities.

The Committee wishes to report that during the past year physicians throughout the State have become more tuberculosis-minded. The various surveys for detection of tuberculosis as conducted by the local medical societies with the help of the State Department of Health mobile unit is ideal. More such studies on a county medical society level are urged. The progress for the control of tuberculosis in Utah throughout the year has been considerable.

Respectfully submitted,

ELMER M. KILPATRICK, M.D.,
Chairman.

An Observation on the Accuracy of Digitalis Doses

Withering made this penetrating observation in his classic monograph on digitalis: "The more I saw of the great powers of this plant, the more it seemed necessary to bring the doses of it to the greatest possible accuracy."[1]

To achieve the greatest accuracy in dosage and at the same time to preserve the full activity of the leaf, the total cardioactive principles must be isolated from the plant in pure crystalline form so that doses can be based on the actual weight of the active constituents. This is, in fact, the method by which Digilanid® is made.

Digilanid contains all the *initial* glycosides from Digitalis lanata in crystalline form. It thus truly represents "the great powers of the plant" and brings "the doses of it to the greatest possible accuracy".

Clinical investigation has proved that Digilanid is "an effective cardioactive preparation, which has the advantages of purity, stability and accuracy as to dosage and therapeutic effect."[2]

Average dose for initiating treatment: 2 to 4 tablets of Digilanid daily until the desired therapeutic level is reached.
Average maintenance dose: 1 tablet daily.
Also available: Drops, Ampuls and Suppositories.

1. *Withering, W.:* An account of the Foxglove, London, 1785.
2. *Rimmerman, A. B.:* Digilanid and the Therapy of Congestive Heart Disease, Am. J. M. Sc. 209: 33-41 (Jan.) 1945.

Literature giving further details about Digilanid and Physician's Trial Supply are available on request.

Sandoz Pharmaceuticals

DIVISION OF SANDOZ CHEMICAL WORKS, INC.
68 CHARLTON STREET, NEW YORK 14, NEW YORK



WHEATRIDGE FARM DAIRY

COMPLETE LINE OF GRADE A DAIRY PRODUCTS

Special Milk for Babies

DELIVERED TO YOUR DOOR

We Have Our Own Cows

8000 West 44th Ave.

GL. 1719 ARVADA 220

Denver's Fireproof

COLBURN HOTEL

D. B. Cerise is the genial Host and Manager

- CONVENIENT — Located only a ten-minute walk from the heart of the city.
- PLEASANT — Away from — above the noise and rush of downtown Denver.
- EXCELLENT FOOD — Dining that has satisfied the demanding tastes of all patrons.
- Visit Our New Cocktail Lounge.

TENTH AVE. at GRANT ST.

Phone MAin 6261 Denver, Colo.

RESTAURANT 240

MISS M. E. GABRIEL, Prop.

SERVING TRADITIONALLY GOOD FOOD AT MODERATE PRICES

HOURS: 11:00 A.M.—2:00 P.M. 4:30—7:30 P.M.

SUNDAYS: 12 Noon to 7:00 P.M.

Closed Wednesdays

240 Broadway Denver, Colo.

SPruce 2182

We Cater to the Medical Profession

CASCADE LAUNDRY

10 Per Cent Discount If You Bring Your Laundry in

HAND DRY CLEANING

"Deserving of Your Patronage"

618 East 16th Ave., Denver TAbor 6379

Charge Accounts Invited

Report of the Medical Education and Hospitals Committee

1949–1950

During the past year there has been one committee meeting which was well attended by the entire committee. There were many minor matters covered during this meeting and these have now been taken care of. There was one definite suggestion that was approved by the Committee and it should be carefully considered by the House of Delegates.

It has been suggested that a team of men from the medical school with local clinicians be sent to the outlying areas of the state for various clinics and refresher courses. It was thought that these could be arranged in the various centrally located cities such as Cedar City, Richfield, Vernal, Provo, Logan, Price and Ogden. The plan would be to spend the entire day at a clinic or seminar.

This plan has recently been a great success in certain midwestern states and we believe it would bring a better feeling amongst all the doctors in Utah.

A committee was appointed consisting of Dr. P. B. Price, Dr. George H. Curtis, and Dr. George Cartwright to plan these seminars. It was suggested that probably five men representing the major specialties make up a team and be prepared to discuss problems that confront the men in these cities and to give suggestions on the various cases that may be presented.

Respectfully yours,

GEORGE H. CURTIS, M.D.,
Dr. G. GILL RICHARDS, deceased,
Chairman of the Committee.
DR. GEORGE H. CURTIS,
Acting Chairman.

Obituary

WILLIAM ROBERT TYNDALE

Dr. William R. Tyndale, formerly of Salt Lake City, died suddenly of coronary thrombosis in a Santa Monica, California, hospital, August 25, 1950.

Dr. Tyndale was born in Council Bluffs, Iowa, in 1873. He was graduated from Doane College, Nebraska. He received his B.A. degree from the University of Chicago in 1899, and his M.D. degree from Rush Medical College in 1900. He served his internship in Cook County Hospital, Chicago, from 1902 to 1903.

In 1903 he came to Salt Lake City to practice with Dr. Andrew J. Hosmer on the staff of the Los Angeles and Salt Lake Railroad. In 1917 he joined with the late Dr. W. G. Middleton and the late Dr. Samuel H. Allen to form the nucleus of the Intermountain Clinic in which he practiced until his retirement in 1945.

Dr. Tyndale was fond of teaching and was a Lecturer in Medicine at the University of Utah from 1912 to 1943, and Clinical Professor of Medicine Emeritus in 1946. In the same year the medical students of the University of Utah established the Dr. W. R. Tyndale Memorial Lectureship whereby a medical lecture would be given annually at the University of Utah by a prominent out-of-state speaker.

He was a Past President of the staffs of the Salt Lake General and the L.D.S. Hospitals. In 1935 he was President of the Utah State Medical Association. He was certified by the American Board of Internal Medicine in 1937.

For more than twenty years Dr. Tyndale had been an honorary member of the Colorado State Medical Society by vote of their House of Delegates.

He is survived by his widow, Loraine Musser Tyndale.

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

For

Physicians, Surgeons, Dentists Exclusively

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $25.00 weekly indemnity, accident and sickness	$8.00 quarterly
$10,000.00 accidental death $50.00 weekly indemnity, accident and sickness	$16.00 quarterly
$15,000.00 accidental death $75.00 weekly indemnity, accident and sickness	$24.00 quarterly
$20,000.00 accidental death $100.00 weekly indemnity, accident and sickness	$32.00 quarterly

Cost has never exceeded amounts shown.

ALSO HOSPITAL POLICIES FOR MEMBERS, WIVES AND CHILDREN AT SMALL ADDITIONAL COST

85c out of each $1.00 gross income used for members' benefit

$3,700,000.00 INVESTED ASSETS

$16,000,000.00 PAID FOR CLAIMS

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

48 years under the same management

100 First National Bank Building, Omaha 2, Nebraska

50 Years of Ethical Prescription Service to the Doctors of Cheyenne

☆

ROEDEL'S

PRESCRIPTION DRUG STORE

CHEYENNE, WYOMING



WESTERN ELECTRIC

HEARING AIDS

Engineered by Bell Telephone Laboratories

SOME of the exclusive features of this new Vacuum Tube Hearing Aid are: Sealed Crystal Microphone—gives same dependable service under all conditions of temperature and humidity. Stabilized Feedback — amplification without distortion. No sudden blast from loud sounds when volume is turned up.

For other information write or call

M. F. TAYLOR LABORATORIES

721 Republic Building

MAin 1920 Denver, Colo.

- Preferred and Common Stocks
- Industrial Bonds
- Public Utility Bonds
- Railroad Bonds
- Municipal Bonds
- Government Bonds

Peters, Writer & Christensen, Inc.

Investment Bankers

724 Seventeenth Street, Denver 2 MAin 6281

RELIABLE DRUGGISTS

PATRONIZE DENVER'S INDEPENDENT DRUGGISTS

North Denver's Largest Rx Stock

CALL GRand 1321

Ask for Rx Department

Qualified Registered Pharmacists Answer the Phone

We Deliver to Any Part of North Denver Any Time

WOODMAN PHARMACY

4400 Tennyson Street

For Accurate Prescriptions—

For prompt delivery thruout the area—

Phone: **Lakewood 436.**

Kincaid's Pharmacy

7024 W. Colfax Ave., Lakewood, Colo.

---

22 Years in the Heart of North Denver

GUIDO SHUMAKE DRUGS

PRESCRIPTIONS ACCURATELY COMPOUNDED

Free Delivery Service

West 38th Ave. and Clay **Denver, Colo.**

Phone GLendale 1073

We Recommend

BONNIE BRAE DRUG COMPANY

Alfred C. Anderson, Owner and Manager

Prescriptions Accurately Compounded

Drugs . . . Sundries

Complete Line of Cosmetics

FREE DELIVERY

763 South University Boulevard

Phone RAce 2874 — Denver, Colorado

WE RECOMMEND

Whittaker's Pharmacy

"The Friendly Store"

PRESCRIPTION SPECIALISTS

West 32nd and Perry, Denver, Colo.

Phone GLendale 2401

HYDE'S PHARMACY

ACCURATE PRESCRIPTIONS

Chas. W. Hyde, *Prop.*

Rocky Mountain Distributor for Sherman Biologicals and Pharmaceuticals

Free Deliveries

1400 E. 18th Ave. KE. 4811

Corner E. 18th Ave. and Humboldt St.

Doyle's Pharmacy

"The Particular Druggist"

East 17th Ave. at Grant **KE. 5987**

We Recommend

EARNEST DRUG COMPANY

T. H. BRAYDEN, Prop.

PRESCRIPTION SPECIALISTS

Prompt Delivery Service

1699 Broadway **Phone KEystone 7237**

Denver, Colorado

"Conveniently Located for the Doctor"

RELIABLE DRUGGISTS

PATRONIZE DENVER'S INDEPENDENT DRUGGISTS

WALTERS DRUG STORE

801 COLORADO BLVD.

Denver, Colorado

☆

Telephone FRemont 5391

WE RECOMMEND

LAKEWOOD PHARMACY

R. W. Holtgren, Prop.

PRESCRIPTION SPECIALISTS

West Colfax at Wadsworth

Lakewood Colorado

Phone Lakewood 65

It's Wise to Buy at Weiss

WEISS DRUG

PRESCRIPTION SPECIALISTS

☆

Colfax and Elm Denver, Colorado

Phone EAst 1814

Downing Street Pharmacy

GEORGE M. HILL, *Prop.*

PROFESSIONAL PHARMACIST

901 Downing St. Denver, Colo.

Phone ALpine 4465

Complete Merchandise Line

Free Delivery on Prescriptions

We Recommend

VAN'S PHARMACY

THOS. A. VANDERBUR

Prescriptions, Drugs, Cosmetics, Magazines

Sundries Excellent Fountain Service

2859 Umatilla St., Cor. 29th Ave. at Umatilla

GRand 7044 Denver, Colo.

HAVEN PHARMACY

J. L. Panek, Jr., Prop.

PRESCRIPTION DRUG STORE

DRUGS AND SUNDRIES

29th and Irving St. Phone GLendale 5191

We Make Free Prescription Deliveries

AMERICA'S AUTHENTIC HEALTH MAGAZINE

today's health

AMERICAN MEDICAL ASSOCIATION



BUILDS FAITH IN YOU AND YOUR WORK

IN YOUR WAITING ROOM

3 YEARS $6.50 2 YEARS $5.00

1 YEAR $3.00

Opportunities for Medical Doctors

Offices available in Medical and Dental Building, in the heart of Albuquerque—best residential area. A well established medical center for ten years. Opportunity to build an excellent practice rapidly. Vacancies due to some M.D.'s moving to their own building. For further information write to Building Manager, c/o JOE E. BROWNE PROFESSIONAL PHARMACY, Medical & Dental Building, 106 South Girard, Albuquerque. Phone 5-1645; nights 5-3417, or PICKETT'S RIO GRANDE AGENCY, 2918 East Central.

Established 1894

Paul Weiss

OPTICIAN

1620 Arapahoe Street

Denver, Colo.

Your Best

BUY—

• PRINTING

From

DRYER-ASTLER PRINTING CO.

1936 Lawrence Street

KEystone 6348

Bonita Pharmacy

(Established 1921)

Prescription Pharmacists

6th Avenue at St. Paul Street

"RIGHT-A-WAY" SERVICE

GERALD P. MOORE, *Manager*

Phone FRemont 2797

NEWTON OPTICAL COMPANY

GUILD OPTICIANS

309-16th Street Phone KEystone 0806 Denver

Catering to Medical Profession Patronage



***Specialists* on IMPLANT EYES**

It has been our privilege to work with leading specialists in building plastic eyes to order for all types of implants. Also serving the doctor and his patient with regular all-plastic eyes and glass eyes. Assortments sent on memo. In business since 1906. Write or phone for full details.

DENVER OPTIC CO., 330 University Bldg., 910 16th St., Denver 2. MAin 5638



WINNING HEALTH

in the

Pikes Peak Region

COLORADO SPRINGS

Inquiries Solicited

GLOCKNER PENROSE HOSPITAL

Sisters of Charity

HOME OF MODERN SANATORIA

Index to Advertisers

	Page
Abbott Laboratories	855
American Meat Institute	851
American Medical and Dental Association	816
Ames Company	824
Ayerst, McKenna & Harrison	875
Baker Laboratories, Inc.	871
Baxter, Don, Inc.	869
Bilhuber-Knoll Corp.	879
Birtcher Corporation, The	888
Bonita Pharmacy	894
Bonnie-Brae Drug	892
Borden Company	859
Brecht Candy Co.	883
Brown School	885
Burroughs Wellcome & Co.	817
Cambridge Dairy	812
Capital Chevrolet	882
Cascade Laundry	890
Children's Hosp. Assn.	896
City Park Dairy	818
Coca-Cola Co.	883
Colburn Hotel	890
Cook County Graduate School of Medicine	885
Cordelia of Hollywood	867
Deep Rock Water	886
Denver Optic Company	894
Dorr Optical Co.	822
Downing St. Pharmacy	893
Doyle's Pharmacy	892
Dryer-Astler Printing Co.	894
Earnest Drug Company	892
Ehret Engraving Co.	820
Emory, John Brady Hospital, The	884
Fairfax Sanitarium	818
Fairhaven Maternity Hospital	812
Flaherty, John B. Co., Inc.	891
Glockner Penrose Hospital	894
Haven Pharmacy	893
Holland Rantos Co.	873
Hyde's Pharmacy	892
Kelley-Koett Mfg. Co.	821
Kendrick-Bellamy Co.	810
Kincaid's Pharmacy	892
Lakewood Pharmacy	893
Lederle Laboratories	865
Lilly, Eli & Co.	Cover I
Lilly, Eli & Co. Insert Between	824-825
Livermore Sanitarium	881
M & R Dietetic Laboratories, Inc.	857
Mead, Johnson & Co.	Cover IV
Merck & Company	863
Nestle Company, The	887
Newton Optical Co.	894
Nurses Official Registry	886
Park Floral Company	820
Parke, Davis & Co. Co.	Cover II-809
Peters, Writer & Christensen, Inc.	891
Pfizer, Chas. & Co.	852-853
Philip Morris & Co., Ltd.	819
Physicians Casualty Assn.	891
Physicians and Hospitals Supply Co.	877
Physicians & Surgeons Supply Co.	Cover III
Professional Pharmacy	820
Public Service Co.	883
Restaurant 240	890
Roedel's Prescription Drug	891
Sandoz Pharmaceuticals	889
Schering Corporation	813
Searle, G. D. & Co.	849
Shadel Sanitarium	861
Shadford-Fletcher Optical Co.	818
Shumake Drug, Guido	892
Smith-Dorsey Co.	887
Stodgill's Imperial Pharmacy	884
Squibb, E. R. & Sons	815
Technical Equipment Corp.	821
Telephone Answering Service	812
Thornton, George R.	810
United States Brewing Industry	880
University of Colorado Medical Center	881
Van's Pharmacy	893
Walters Drug Store	893
Wantads	883-894
Weiss Drug	893
Weiss, Paul	894
Western Electric Hearing Aids	891
Western Newspaper Union	882
Wheatridge Farm Dairy	890
Whittaker's Pharmacy	892
Winthrop-Stearns, Inc.	811
Woodcroft Hospital	896
Woodman Pharmacy	892
Wyeth, Inc.	823
York Pharmacy	886



Woodcroft Hospital—Pueblo, Colorado

A private hospital for the scientific treatment of neuro-psychiatric disorders, including alcoholism and drug addiction. Beautiful landscaping and home-like surroundings afford a restful atmosphere. Accommodations vary from single rooms with or without bath to rooms en suite, allowing for segregation of guests.

Detailed information furnished on request.

Karl J. Waggener, M.D. **Wendell T. Wingett, M.D.**



THE CHILDREN'S HOSPITAL ASSOCIATION
of DENVER

NON-SECTARIAN——NON-PROFIT

Providing medicinal and surgical aid to sick and crippled children of the Rocky Mountain Region from Birth to Maturity

Every modern scientific aid available to the physicians and surgeons of Colorado and Wyoming

Approved by the American Medical Association and the American College of Surgeons

Full Three-Year Nurses' Training Course



Now, that I've got your

ATTENTION DOCTOR...

... I'd like for you to know that PHYSICIANS & SURGEONS SUPPLY COMPANY has been supplying the needs of Doctors and Hospitals for more than a quarter of a century. Only the best of merchandise from manufacturers of repute, delivered promptly, efficiently and economically.

RENTAL SERVICE

An Ideal Rental Service
—to satisfy the needs of your patients.

Quick - Convenient - Economical

- Oxygen Therapy Equipment
- Hospital Beds
- Bed Rails
- Wheel Chairs
- Crutches
- Baby Scales

WE MAINTAIN A CONVENIENT, ECONOMICAL REPAIR SERVICE

... employing skilled artisans and factory-approved replacement parts.

WE SPECIALIZE IN PROPER, EXPERT FITTING

... of surgical or anatomical supports for any condition, where such devices are indicated, with EXPERTS for your assistance.

FOR EMERGENCY ORDERS (if you are not in Denver)
Call Us Collect **TAbor 0156**

PHYSICIANS & SURGEONS SUPPLY COMPANY
PHONE TAbor 0156
221 SIXTEENTH STREET • DENVER 2, COLORADO



"Truth never grows old" *Thomas Fuller, 1639*

With the passing years, ideas, theories and conceptions may change with new discoveries and growing knowledge.

But truth never grows old.

No matter how widely the pendulum may swing, *truth* remains the center of its path.

Because of its inherent soundness, Dextri-Maltose® is the carbohydrate of choice in more hospitals than ever before. It enjoys the confidence of ever-growing thousands of physicians.

And the physician who prescribes Dextri-Maltose in infant feeding follows a course confirmed by a great mass of evidence, for no other carbohydrate enjoys so rich and enduring a background of authoritative clinical experience.

However the pendulum may swing, facts remain facts, and truth never grows old.

MEAD'S

MEAD JOHNSON & CO.
EVANSVILLE 21, IND., U. S. A.